

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000045242

1. Entity Name

SHIRAH DESIGN & CONSTRUCTION INC.



FILED

2004 MAY 13 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

71 LIMPkin COURT
CRAWFORDVILLE, FL 32327

Mailing Address

71 LIMPkin COURT
CRAWFORDVILLE, FL 32327



03052003

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3319748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRAH, KATHLEEN R
71 LIMPkin COURT
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHIRAH, KATHLEEN R
STREET ADDRESS 71 LIMPkin COURT
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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200036546942
05/18/04--01038--004 **550.00

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IN THIS SPACE**

1/2m
5/13

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04
Date

850 926 1285
Daytime Phone #