


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000047369	
1. Entity Name SHENANDOAH GROUP, INC.	

Principal Place of Business 5505 N ATLANTIC AVE # 115 COCOA BEACH, FL 32931	Mailing Address 5505 N ATLANTIC AVE # 115 COCOA BEACH, FL 32931
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3362743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

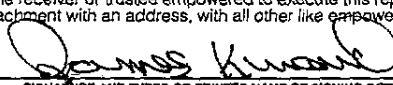
5. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N. ATLANTIC AVE #115 COCOA BEACH, FL 32955

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/30/05-80090-018 158.75

10. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	MCMULLEN, THOMAS J JR.
STREET ADDRESS	2109 E PALM AVE, STE-206
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	PD
NAME	MCPHILLIPS, MICHAEL
STREET ADDRESS	5505 N ATLANTIC AVE, STE-115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VPD
NAME	KINCAID, JAMES
STREET ADDRESS	5505 N. ATLANTIC AVE., #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VPD
NAME	MCPHILLIPS, JACQUELINE
STREET ADDRESS	5505 N. ATLANTIC AVE., #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:		DATE	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>4/20/05</small>	<small>(904) 799-4090</small>