


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90082 045 \*\*\*150.00

<b>DOCUMENT # P95000066786</b> 1. Entity Name <b>SHEA 90 CORPORATION</b>					
Principal Place of Business <b>1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308 US</b>			Mailing Address <b>1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENNETT, DOUGLAS W</b>		NAME		
STREET ADDRESS	<b>1801 HERMITAGE BOULEVARD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	DVAT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAY, LYNNE M</b>		NAME		
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARRIOR, DEXTER B</b>		NAME		
STREET ADDRESS	<b>3424 PEACHTREE RD NE STE 800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30326</b>		CITY-ST-ZIP		
TITLE	DVAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, JEFFREY L</b>		NAME		
STREET ADDRESS	<b>1801 HERMITAGE BLVD STE 800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NEWMARK, DEBBIE J</b>		NAME		
STREET ADDRESS	<b>3424 PEACHTREE ROAD N.E. SUITE 800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30326</b>		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LATHEM, LORI O</b>		NAME	<b>LATHEM, LORI Q</b>	
STREET ADDRESS	<b>3424 PEACHTREE ROAD NE., SUITE 800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30326</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Debbie J Newmark</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/27/05</u> <u>404-846-1300</u> Date Daytime Phone #		