
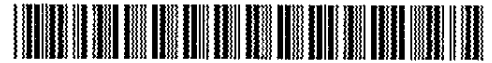


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000000803		
1. Entity Name SHIVER PROPERTIES, INC.		
Principal Place of Business 12 NE 3RD ST. FLORIDA CITY, FL 33034	Mailing Address 12 NE 3RD ST. FLORIDA CITY, FL 33034	
DO NOT WRITE IN THIS SPACE		



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0635366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIVER, ROY D
 345 SW 4TH ST
 HOMESTEAD, FL 33034

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIVER, ROY S SR. 760 S.W. 6TH TERRACE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIVER, ROY DAN 760 S.W. 6TH TERRACE FLORIDA CITY, FL 33034
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered 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:  **Roy D. Shiver** 1-28-04 305-246-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #