


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90021 029 \*\*\*150.00

<b>DOCUMENT # P96000045376</b> 1. Entity Name SHOPPING SHED, INC.	
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Principal Place of Business 16810 SW WARFIELD INDIANTOWN, FL 34956 US	Mailing Address P.O. BOX 1770 INDIANTOWN, FL 34956-1770
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**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0677552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HEARN, PEGGY 15914 S.W. OSCEOLA INDIANTOWN, FL 34956	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEARN, PEGGY A 15914 S.W. OSCEOLA ST INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLAKELEY, JOSEPH F 16515 S.W. THREEWOOD WAY INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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:** Peggy Hearn 7/7/05 772-597-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
14018971

THE SHOPPING SHED, INC.

P.O. BOX 1770  
INDIANTOWN, FL. 34956  
772-597-5575

July 6, 2005

Division of Corporations  
P.O. Box 6198  
Tallahassee, Fl. 32314

RE: Corporate Annual Report 2005  
P 96000045376

Dear Lisa,

Upon receipt of our annual report Card Packet Marked Notice of intent to dissolve, I tried to contact your office. I was unable to make contact after 2 days of trying the telephone. I went to the local public library and tried to download the preprinted form. I did not have any luck, finally one of the librarians went to the back and downloaded the form on their computer.

I did send in the first card and

ATTACHMENT

14018971  
# P96000045376

ask for the form to be mailed to me.  
I never did receive the form.

As you will note from our Corporate history, we are historically a timely, even early filer.

We are enclosing a money order for the standard filing fee for renewal. I trust that upon receipt of this letter, this situation will be resolved. However, should you have any questions please contact this office.

Very Truly Yours,  
Dennis Seaman,  
President

ATTACHMENT  
14018971

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OPTION 3 - **Receive a form by mail** - Allow up to 28 days total processing time.

- ✓ Detach this postcard. \*
- Enter address to mail report to, if different from preprinted address.
- ✓ Affix postage on reverse side and mail.

Document #

P96000045376

SHOPPING SHED, INC.  
P.O. BOX 1770  
INDIANTOWN FL 34956-1770

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CR2E095-2nd 03/05

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

*\*sd did this on the fist card  
and put postage on it.*