

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000053658

1. Entity Name
SHUWILCO, INC.



FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
4401 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652

Mailing Address
4401 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3384146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKS, JEFFERY A
4401 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	WILKS, JEFFERY A
STREET ADDRESS	4401 U.S. HIGHWAY 19
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	S/T
NAME	WILKS, SHARON
STREET ADDRESS	4401 U.S. HIGHWAY 19
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	WILKS, ROBERT
STREET ADDRESS	4401 US HWY 19
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000138791
04/29/04-80095-008 150.00

**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:

Sharon Wilks Sharon Wilks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 7278479986

Date

Daytime Phone #