

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066861

FILED
Jun 30, 2004
Secretary of State

Entity Name: SHIVER YBOR HOLDINGS, INC.

Current Principal Place of Business:

1915 REPUBLICA DE CUBA
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1915 REPUBLICA DE CUBA
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-3397745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECHNER, BERNARD J
1243 LAKEVIEW ROAD
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIVER, JULIUS J
Address: 906 KNOWLES ROAD
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: SHIVER, TESSA G
Address: 906 KNOWLES ROAD
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: SHIVER, DAMON C
Address: 906 KNOWLES ROAD
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHIVER, JULIUS J
Address: 1915 N. 14TH ST.
City-St-Zip: TAMPA, FL 33605

Title: S (X) Change () Addition
Name: SHIVER, TESSA G
Address: 1915 N. 14TH. ST.
City-St-Zip: TAMPA, FL 33605

Title: T (X) Change () Addition
Name: SHIVER, DAMON C
Address: 1915 N. 14TH ST.
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIUS J. SHIVER

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date