


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P98000040782 1. Entity Name SHEENA ENTERPRISES, INC. |  |
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| Principal Place of Business 1101 BLANDING BOULEVARD ORANGE PARK, FL 32065 | Mailing Address P O BOX 115 DOCTORS INLET, FL 32030 US |
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3512211 | 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

**SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER, FL 33759**

**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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000316031 04/19/05-80058-017 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GERMAIN, GERALD V 1703 PELICAN PL MIDDLEBURG, FL 32068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SMITH, CHRISTOPHER A 5711 WESTSHORE DR. NEW PORT RICHEY, FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GERMAIN, JOHN 48514 GLADSTONE CANTON, MI 48188 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MULLANE, MATTHEW 11045 KNOTTINGBY JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Gerald Germain* **GERALD GERMAIN** 3/15/05 904-276-0472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #