2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P98000069904

Entity Name: SHAW HALLMAN ENTERPRISES, INC.

Current Principal Place of Business:

239 STATE RD 16
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

239 STATE RD 16
ST AUGUSTINE, FL 32092

New Mailing Address:

2479 SR207
ST AUGUSTINE, FL 32086

FEI Number: 59-3530630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEBEGERN, JOSEPH K
4 OFFICE PARK DR, STE 260-C
PALM COAST, FL 32137 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: HALLMAN, SHAW
Address: 3800 SOUTH CROSS RD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: S ( ) Delete
Name: TOMPKINS, DANIEL
Address: 239 STATE RD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VP ( ) Delete
Name: HALLMAN, JENNIFER
Address: 3800 SOUTH CROSS RD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: T ( ) Delete
Name: HALLMAN, SHAW
Address: 3800 SOUTH CROSS RD
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAW HALLMAN PRES 04/15/2004
Electronic Signature of Signing Officer or Director Date