


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90285 020 ***150.00

DOCUMENT # P98000085725	
1. Entity Name SHEA'S ENTERPRISES, INC.	

Principal Place of Business 2201 W. OLD HWY. 441 MT. DORA, FL 32757-3509	Mailing Address 2201 W. OLD HWY. 441 MT. DORA, FL 32757-3509
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14017331



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3420 MARY LANE Suite, Apt. #, etc.
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05062005 Chg-P CR2E034 (10/03)

City & State MOUNT DORA, FL	City & State MOUNT DORA, FL
Zip 32757-2322	Country USA

4. FEI Number 59-3597996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TROTTO, R.A. 2201 W. OLD HWY. 441 MT. DORA, FL 32757-3509	
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7. Name and Address of New Registered Agent Name Bob TROTTO Street Address (P.O. Box Number is Not Acceptable) 3420 MARY LANE City MOUNT DORA, FL Zip Code 32757	
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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 *Bob Trotto* **Bob TROTTO, PD** DATE *05/04/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROTTO, R.A. 2201 W. OLD HWY. 441 MT. DORA, FL 327573509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bob TROTTO 3420 MARY LANE MT. DORA, FL 32757-2322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bob Trotto* **Bob TROTTO** DATE *05/04/05* 352-383-5741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR