2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000007955

1. Entity Name BUILDING SERVICES BY JOHN R. SHAW, INC.



Principal Place of Business

Mailing Address

8G4 SOUTH TOWN AND RIVER DRIVE FT. MYERS, FL 33919 864 SOUTH TOWN AND RIVER DRIVE NEW PORT RICHEY, FL 33919

FILED Apr 10, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For |
59-3558968 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, JOHN R 864 SOUTH TOWN AND RIVER DRIVE FT. MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

			}		
8. The above the obligat	e named entity submits this statement for the p tions of regist ned agent	urpose of changing its register	ed office of t	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
	Jims, lure, typed or printed name of registered agent and fitte if	applicable (NOTE: Registers	d Apant signatur	grifatimier nerw berluper e	DATE
. FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Blection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS]		
Title Namc Street address C)3Y-S3-ZIP	PVTS SHAW, JOHN R 864 SOUTH TOWN AND RIVER DRIVI FT. MYERS, FL 33919	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	<u> </u>
ittle Name Street Address City-St-Zip				DO	04/25/06-80001-019 150.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 507, 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 237-200-0744