


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90012 004 ***158.75

DOCUMENT # P99000017748 1. Entity Name SHOALWATER CONSTRUCTION, INC.	
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Principal Place of Business 3324 SILVERPOND PLANT CITY, FL 33567	Mailing Address 3324 SILVERPOND PLANT CITY, FL 33567
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54026297

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0900406	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> TV	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, DOUGLAS A
3324 SILVERPOND
PLANT CITY, FL 33567

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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NELSON, DOUGLAS A
STREET ADDRESS	3324 SILVERPOND
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VD
NAME	NELSON, PEARCE A
STREET ADDRESS	2213 LONGMORE CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	TD
NAME	NELSON, DON A
STREET ADDRESS	P.O. Box 89871
CITY-ST-ZIP	Tampa, Fla. 33689-0414
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:  **3-31-04** **863-559-7820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #