## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000021880

FILED Apr 24, 2004 Secretary of State

Entity Na	me: SHUTTE	R ENTERPRISES GROUP, IN	C.			
Current Principal Place of Business:				New Principal Place of Business:		
10601 OAK ST., N.E. ST. PETERSBURG, FL 33716				915 S DIXIE HWY E POMPANO BEACH, FL 33060		
Current Mailing Address:				New Mailing Address:		
	K ST., N.E. RSBURG, FL	33716				
FEI Number	: 59-3568736	FEI Number Applied For()	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name	and Address o	f New Registered Agent:	
LEVY, BUDDY J 2109 PALM AVENUE SUITE 203 TAMPA, FL 33605 US				LEVY, BUDDY J 2203 N LOIS AVE 9TH FLOOR SUITE 37 TAMPA, FL 33607 US		
	e named entity e of Florida.	submits this statement for the	ourpose of chang	ing its registered	d office or registered agent, or both,	
SIGNATURE:				04/24/2004		
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ( ).	ent		Date	
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( VALVERDE, D 2109 E PALM : TAMPA, FL 33	<b>#</b> 203	Title: Name: Address City-St-		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( COFFILL, JOH 2109 E PALM : TAMPA, FL 33	<b>#</b> 203	Title: Name: Address City-St-		S AVE STE 37	
Title: Name: Address: City-St-Zip:	LOMBARDO, E 10601 OAK ST		Title: Name: Address City-St-		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CONLEN, LYN 10601 OAK ST		Title: Name: Address City-St		( ) Change ( ) Addition	
Title: Name: Address:	VP ( NEWELL, KAT 7006 HALIFAX		Title: Name: Address	VP NEWELL, K 10601 OAK		

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.

City-St-Zip:

SIGNATURE: KATHLEEN NEWELL ٧ 04/24/2004

TAMPA, FL 33615

City-St-Zip:

SAINT PETERSBURG, FL 33716