
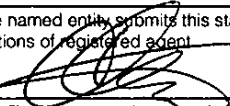



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 029 ***150.00

DOCUMENT # P99000042182					
1. Entity Name SHAHEEN AND SONS, INC.					
Principal Place of Business RT 14 BOX 219 LAKE CITY, FL 32024			Mailing Address PO BOX 3663 LAKE CITY, FL 32056		
2. Principal Place of Business 489 SW DOCKERY LANE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE CITY, FL		City & State		4. FEI Number 59-3573436	
Zip 32056		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAHEEN, CHRISTOPHER RT 14 BOX 219 LAKE CITY, FL 32024			7. Name and Address of New Registered Agent		
Name			SHAHEEN, CHRISTOPHER		
Street Address (P.O. Box Number is Not Acceptable)			489 SW DOCKERY LANE		
City			LAKE CITY		FL
Zip Code			32056		
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: 		CHRISTOPHER SHAHEEN		4-29-2005	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SHAHEEN, CHRISTOPHER		<input type="checkbox"/> Delete		
STREET ADDRESS RT 14 BOX 219	LAKE CITY, FL 32024		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	LAKE CITY, FL 32024		SHAHEEN, CHRISTOPHER 489 SW DOCKERY LANE LAKE CITY, FL 32024		
TITLE 	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		CHRISTOPHER SHAHEEN		4-29-2005 (386) 752-4109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	