


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90156 010 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

24069002



DOCUMENT # P99000045465					
1. Entity Name FLORIDA SHADE SAILS, INC.					
Principal Place of Business 3512 E. MARITANA DRIVE ST. PETERSBURG BEACH, FL 33706			Mailing Address P.O. BOX 46782 PASS-A-GRIFFIN, FL 33741		
2. Principal Place of Business		3. Mailing Address 3512 E. Maritana Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004 Chg-P CR2E034 (10/03)	
City & State		City & State St. Petersburg Beach, FL		4. FEI Number 59-3582872	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, ROBERT J ESQ. 1135 PASADENA AVENUE SOUTH SUITE 140 ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRICE, WILLIAM A		NAME		
STREET ADDRESS	3512 E. MARITANA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG BEACH, FL 33706		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>William A. Price</u>		4/29/04 (727)		360-7552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	