2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000083417

Entity Name
 JACK W. SHAW, JR., P.A.

Principal Place of Business

1657 S. KIRKMAN ROAD #164 ORLANDO, FL 32811 Mailing Address

1657 S. KIRKMAN ROAD #164 ORLANDO, FL 32811

FILED Apr 04, 2007 08:00 A Secretary of State



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				59-3608447 Not Applicable \$8.75 Additional			
				5. Certificate of Status Desired Fee Required			
	6. Name and Address of Current Regis	1, 0	, i. n		Contraction of the Contraction o		
SHAW, JACK W JR. 1657 S. KIRKMAN ROAD #164 ORLANDO, FL 32811			, n. i		NOT W THIS SP	1	
					and the		
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 (NOTE: Registered Agent signature required with applicable (NOTE: Registered Agent signature required with						DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution,	~ _ +		U0000 04/11/07	0690060 -80059-0	17 150.00
10. OFFICERS AND DIRECTORS				- 1		is p the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JACK W JR. 1657 S. KIRKMAN ROAD #164 ORLANDO, FL 32811		,	i e in	The second of the second		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attactionent with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Presiden

(407) 443-4946