2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S09222

1. Entity Name
SHAEVITZ PROPERTIES CORPORATION

Principal Place of Business	Mailing Address
5729 COMPASS COURT CAPE CORAL, FL 33914 US	5729 COMPASS COURT CAPE CORAL, FL 33914 US

DO NOT WRITE IN THIS SPACE

07102004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0226216		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAEVITZ, ROBERT M.
5729 COMPASS COURT
CAPE CORAL, FL 33914

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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 _____   7-10-04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAEVITZ, ROBERT M.
STREET ADDRESS	5729 COMPASS COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	V
NAME	SHAEVITZ, FRANCES
STREET ADDRESS	5729 COMPASS COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/15/04-80004-007 550.00

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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: _____   7-10-04   614-326-3931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ROBERT M. SHAEVITZ