

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90050 017 ***150.00

DOCUMENT # S59138 1. Entity Name SHIP 'N SHORE ENTERPRISES, INC.					
Principal Place of Business 4300 KINGS HWY B-3 CHARLOTTE HARBOUR FL 33980 US			Mailing Address 4300 KINGS HWY B-3 CHARLOTTE HARBOUR FL 33980 US		
2. Principal Place of Business <i>Ship 'N Shore Laundry</i> Suite, Apt. #, etc. B-3		3. Mailing Address <i>4300 Kings Hwy</i> Suite, Apt. #, etc. 4300 Kings Hwy			
City & State <i>Charlotte Harbor</i> Zip 33980		City & State FLA Zip 33980		Country USA	
4. FEI Number 65-0275238				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, SHERRY E 4300 KINGS HWY B-3 CHARLOTTE HARBOUR FL 33980			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>SHERRY E. JOHNSON (owner)</i> <i>Sherry E Johnson</i> <i>2/13/04</i> <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 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	PVD JOHNSON, SHERRY E 4300 KINGS HWY B-3 CHARLOTTE HARBOUR FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, LARRY 4300 KINGS HWY B-3 CHARLOTTE HARBOUR FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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 <i>SHERRY E JOHNSON - Sherry E Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2-13-04</i> Daytime Phone # <i>941-743-7837</i>		