## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2005 08:00 AM Secretary of State

904-223-2208 Daytime Proce #

ANNUAL REPORT			Secretary of Sta	ate
DOCUMENT # S64811  1. Entity Name SHILBY INSURANCE, INC.				
Frincipal Place of Business         Mailing Address           13400 SUTTON PARK DR         13400 SUTTON           SUITE 1603         SUITE 1603           JACKSONVILLE, FL 32224         US           JACKSONVILLE, FL         JACKSONVILLE, FL	- ***	3		
DO NOT WRITE IN THIS SPACE		01192005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 59-3084036 Not Applied For Not Applied For Status Desired   5. Certificate of Status Desired   5. Fee Required Fee Required Fee Required		
6. Name and Address of Current Registered Agent				_
SHILBY, DAVID 12191 IRWIN MANOR DR. JACKSONVILLE, FL 32246			DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of change	ging its registered	office or register	ered agent, or both, in the State of Florida. I am familiar with, and acco	ept
the obligations of registered agent.			•	.
SIGNATURE	(NOTE Registered A	gent signature required	ed when renstating) DATE	.
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10. OFFICERS AND DIRECTORS		<del></del>		
ITILE DP NAME SHILBY, DAVID STREET ADDRESS 13400 SUTTON PARK DR. SUITE 1603 UITY-ST-ZEP JACKSONVILLE, FL 32224			U00000203232 01/23/05-80021-017 150.00	)
NAME STREET ADDRESS GITY-ST-ZIP	-			
TITLE NAME STREET ADDRECS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN THIS SPACE	!
SIREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY ST ZIF				-
12. I hereby certify that the information supplied with this filing does not qui indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like exponent.	alify for the exemp d that my signature report as required wered.	otion stated in Sec e shall have the s d by Chapter 607,	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 11	n or I if

DAUID T.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING