


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V10386 1. Entity Name THE SHORES GROUP, INC.	
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Principal Place of Business 2617 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	Mailing Address 2617 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
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04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3165183	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

**HOSTETTLER, JAKE
2617 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBER, JIM P.O. BOX 301 OKLAWAHA, FL 32183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEY, ROBERT P.O. BOX 60216 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, DORIS 3800 IBIS DRIVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSTETTLER, JAKE 2617 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEY, ROBERT P.O. BOX 60216 JACKSONVILLE, FL 32236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, VERNON 73 KNIGHT BOX RD ORANGE PARK, FL 32065

U00000140759
04/29/04-80176-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/26/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #