2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59694

City-St-Zip:

ORLANDO, FL

Entity Name: SHANNON'S OF FLORIDA, INC.

FILED Jan 26, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--|----------------------------------|---|---|--|
| | RANGE AVEN | UE | | | |
| 100 ORLANDO | D, FL 32806 | US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | WOOD COUR D, FL 32825 | Т | | | |
| FEI Number | : 59-3141624 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 9008 CAL\ | N, JAMES L WOOD COUR D, FL 32825 | T US | | | |
| | e named entity e of Florida. | submits this statement for the լ | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | DST (SHANNON, JAN 9008 CALWOO ORLANDO FL | DD COURT | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DP (SHANNON, SU 9008 CALWOO ORLANDO FL | DD COURT | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | VPD (SHANNON, CO 357 RIVER CH | | Title: (Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES L. SHANNON DST 01/26/2005