


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000005747
1. Entity Name
R2 PROPERTY COMPANY LTD., INC.



Principal Place of Business Mailing Address
1760 CLEARWATER-LARGO ROAD 10266 51ST AVE NO
STE #40 ST PETERSBURG, FL 33708 US
CLEARWATER, FL 34616 US



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3354336 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHADOWENS, JUNE P
10266 51 AVE N.
SUITE 170
SAINT PETERSBURG, FL 33708

**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 re-registering)

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

100000108378
04/12/04-80001-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHADOWENS, JEFF D
STREET ADDRESS	10266 51ST AVE N
CITY - ST - ZIP	ST PETERSBURG, FL 33708
TITLE	D
NAME	SHADOWENS, JUNE P
STREET ADDRESS	10266 51ST AVE N
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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: Jeff Shadowens Jeff Shadowens 4/07/04 727-692-0973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #