

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029618

FILED  
Mar 24, 2004  
Secretary of State

Entity Name: PASQUINE-SHELLENBERG ENTERPRISES, INC.

**Current Principal Place of Business:**

116 N NOVA RD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

116 N NOVA RD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3371155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, B. PAUL  
1 FLORIDA PARK DRIVE NORTH  
SUITE 110, SUNRISE PLAZA  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

KATZ, B. PAUL  
1 FLORIDA PARK DRIVE SOUTH  
ATRIUM SUITE  
PALM COAST, FL 32137 US

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.

SIGNATURE: \_\_\_\_\_ 03/24/2004  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PASQUINE, NICHOLAS  
Address: 9 LAKE VISTA WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST ( ) Delete  
Name: PASQUINE, HARRIET A  
Address: 9 LAKE VISTA WAY  
City-St-Zip: ORMOND WAY, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: NICHOLAS C. PASQUINE      PRES      03/24/2004  
Electronic Signature of Signing Officer or Director      Date