

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90080 026 ***150.00

DOCUMENT # 432326

1. Entity Name

SHELTON TRUCKING SERVICE, INC.



Principal Place of Business

24058 SW SR 73
ALTHA FL 32421

Mailing Address

PO BOX 68
ALTHA FL 32421

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1496960**

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SHELTON, RANDY
24058 SW SR 73
ALTHA FL 32421

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SHELTON, RANDY	
STREET ADDRESS	PO BOX 68	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	VD	☐ Delete
NAME	TOMLINSON, JOHN JR.	
STREET ADDRESS	829 HENTZ AVE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	ES	☐ Delete
NAME	DIGSBY, FELECIA	
STREET ADDRESS	2176 NE HENTZ AVE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	VD	☐ Delete
NAME	GARNETT, CHARLES	
STREET ADDRESS	RT 1 BOX 365B	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	20176 NE Hentz Ave	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Felecia Digby* Felecia Digby, Exec. Secretary 1/27/04 850-762-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #