

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000008676

1. Entity Name
SHAMBLIN CONSTRUCTION, INC.



Principal Place of Business
**1453 BOOTH DR.
VALRICO, FL 33594 US**

Mailing Address
**1453 BOOTH DR.
VALRICO, FL 33594 US**



04082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0379076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAMBLIN, ROBERT L
1453 BOOTH DR.
VALRICO, FL 33594**

**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 retreating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000502402
04/25/06-80102-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAMBLIN, CAROLE
STREET ADDRESS	1453 BOOTH DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	SHAMBLIN, ROBERT L
STREET ADDRESS	1453 BOOTH DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	SEC
NAME	SHAMBLIN, ROBERT L JR
STREET ADDRESS	1453 BOOTH DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
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 exemptions contained in Chapter 119, 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.

CAROLE C. SHAMBLIN

SIGNATURE: Carole C. Shamblin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

813/684-2599

Date

Daytime Phone #