


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

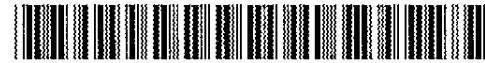
**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000016717**  
 1. Entity Name  
 SHACKELFORD ASSOCIATES, INC.



Principal Place of Business: 1070 WEST LOUISIANA STREE, WAUCHULA, FL 33873  
 Mailing Address: P.O. BOX 1420, WAUCHULA, FL 33873

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0815262 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  
 SHACKELFORD, CHARLES L  
 1070 WEST LOUISIANA STREE  
 WAUCHULA, FL 33873

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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  
 U00000120404  
 04/19/04-80131-002 150.00

10. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | D                      |
| NAME            | SHACKELFORD, CHARLES L |
| STREET ADDRESS  | P.O. BOX 1420 N/A      |
| CITY - ST - ZIP | WAUCHULA, FL 33873     |
| TITLE           | D                      |
| NAME            | SHACKELFORD, CHARLES L |
| STREET ADDRESS  | P.O. BOX 1420 N/A      |
| CITY - ST - ZIP | WAUCHULA, FL 33873     |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

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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: Charles L Shackelford 4-16-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #