

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000016717

**FILED**  
**Mar 26, 2014**  
**Secretary of State**

**Entity Name:** SHACKELFORD ASSOCIATES, INC.

**Current Principal Place of Business:**

1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1420  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 65-0815262      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHACKELFORD, CHARLES L  
1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873 US

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

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: CHARLES L SHACKELFORD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: SHACKELFORD, CHARLES L  
Address: P.O. BOX 1420 N/A  
City-St-Zip: WAUCHULA, FL 33873

Title: D  
Name: SHACKELFORD, CHARLES L  
Address: P.O. BOX 1420 N/A  
City-St-Zip: WAUCHULA, FL 33873

I hereby 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 all other like empowered.

SIGNATURE: CHARLES L SHACKELFORD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PR

03/26/2014

\_\_\_\_\_  
Date