

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000011676

**Entity Name:** SHACKELFORD CONSULTING INC.

**Current Principal Place of Business:**

4810 NW 51ST PLACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4810 NW 51ST PLACE  
GAINESVILLE, FL 32606 US

**FEI Number:** 90-0677869

**Certificate of Status Desired:** No

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

SHACKELFORD, PAUL  
4810 NW 51ST PLACE  
GAINESVILLE, FL 32606 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHACKELFORD, BARBARA M  
Address 4810 NW 51ST PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title T, D  
Name SHACKELFORD, PAUL A  
Address 4810 NW 51ST PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title S  
Name HILL, MEGAN G  
Address 4810 NW 51ST PLACE  
City-State-Zip: GAINESVILLE FL 32606

*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:** PAUL SHACKELFORD

**TREASURER**

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date