

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000016717

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

**Current Principal Place of Business:**

1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873

**Current Mailing Address:**

P.O. BOX 1420  
WAUCHULA, FL 33873

**FEI Number:** 65-0815262

**Certificate of Status Desired:** No

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

SHACKELFORD, CHARLES L  
1070 WEST LOUISIANA STREET  
WAUCHULA, FL 33873 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	PR	Title	D
Name	SHACKELFORD, CHARLES L	Name	SHACKELFORD, CHARLES L
Address	P.O. BOX 1420 N/A	Address	P.O. BOX 1420 N/A
City-State-Zip:	WAUCHULA FL 33873	City-State-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

**PRESIDENT**

**04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date