

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90245 041 ***150.00

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01102006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1569261** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELLEY, GERALD GLENN
5 JEFFERSON PLACE
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SHELLEY, GERALD GLENN**
STREET ADDRESS **111 N.E. YACHT CLUB DRIVE**
CITY-ST-ZIP **FT WALTON BEACH FL,**

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Shelley, Gerald Glenn**
STREET ADDRESS **642 Harbor Blvd.**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **D** ☐ Delete
NAME **SHELLEY, EULICE**
STREET ADDRESS **259 SLEEPY OAKS ROAD**
CITY-ST-ZIP **FT WALTON BEACH FL,**

TITLE **Director** ☒ Change ☐ Addition
NAME **Shelley, Eulice E.**
STREET ADDRESS **259 Sleepy Oaks Road**
CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE **ST** ☐ Delete
NAME **KIEPKE, BEVERLY M.**
STREET ADDRESS **303 LINDA LN.**
CITY-ST-ZIP **FT.WALTON BCH., FL**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Kiepke, Beverly M.**
STREET ADDRESS **303 Linda Lane**
CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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.

SIGNATURE: **G. Glenn Shelley** 1/12/06 (850) 243-7324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #