


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 505454 1. Entity Name SHELDON AMUSEMENT ENTERPRISES, INC.					
Principal Place of Business 22226 CONCHA AVE BOCA RATON FL 33428		Mailing Address 22226 CONCHA AVE BOCA RATON FL 33428			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1657680 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELDON, JOSEPH H 22226 CONCHA AVE BOCA RATON FL 33428				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 reconstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SHELDON, JOE 1841 POMPANO FARM RD POMPANO BEACH FL	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHELDON, MARY 4132 SOUTH SHADY LANE BOYNTON BEACH FL	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SHELDON, SYBIL 22226 CONCHA AVENUE BOCA RATON FL	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Sybil Sheldon</i> Sybil Sheldon 1-25-06 561-487-416					