

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F53878**

1. Entity Name  
RICHARD E. SHIELD, P.A.



Principal Place of Business  
12670 NEW BRITTANY BLVD, #201  
SUITE 201  
FT MYERS, FL 33907

Mailing Address  
12670 NEW BRITTANY BLVD, #201  
201  
FT MYERS, FL 33907 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2131935

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHIELD, RICHARD E  
12670 NEW BRITTANY BLVD. SUITE 201  
FT. MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	SHIELD, RICHARD E
STREET ADDRESS	12670 NEW BRITTANY, #201
CITY-ST-ZIP	FT MYERS, FL
TITLE	PT
NAME	SHIELD, RICHARD E
STREET ADDRESS	12670 NEW BRITTANY, #201
CITY-ST-ZIP	FT MYERS, FL
TITLE	V
NAME	HESLOP, NANCY F
STREET ADDRESS	12670 NEW BRITTAN, #201
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000173180  
01/07/05-80008-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Richard E. Shield*  
RICHARD E. SHIELD

1/4/05

(239) 936-6679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #