

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # H21091 1. Entity Name SHALOM DEVELOPMENT, INC.	
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Principal Place of Business 43309 US HWY 19 N TARPON SPRINGS, FL 34689 US	Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34688-1608 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2461599	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, DAVID S.
43309 US HWY 19 N
TARPON SPRINGS, FL 34689

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.

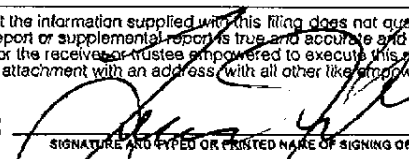
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	1000000412339 02/10/06 80044-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALDRIDGE, DANIEL 43309 US HWY 19 N. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 US HWY 19 N. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 US HWY 19 N. TARPON SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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 information.

SIGNATURE:  **LEW FRIEDLAND** 4/8/06 (727) 942-2591

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