

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H33858**

1. Entity Name  
**SHILOH, INC.**



Principal Place of Business  
**5020 MISSION SQUARE CIRCLE 9  
ZEPHYRHILLS, FL 33542 US**

Mailing Address  
**5020 MISSION SQUARE CIRCLE 9  
ZEPHYRHILLS, FL 33542 US**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2468778**

Applied For  
Not Applicable

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

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

**WEDGE, JACQUELYN  
5647 ARROWHEAD DRIVE  
ZEPHYRHILLS, FL 33541**

**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 Jacquelyn Wedge, Pres Jacquelyn Wedge, Pres 7-2-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stated) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	WEDGE, EDWARD C
STREET ADDRESS	5647 ARROWHEAD DR
CITY - ST - ZIP	ZEPHYRHILLS, FL 33542
TITLE	DPM
NAME	WEDGE, JACQUELYN
STREET ADDRESS	5647 ARROWHEAD DR
CITY - ST - ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/07/04-80006-009 150.00

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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)(i), 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: Jacquelyn Wedge, Pres Jacquelyn Wedge, Pres 7/6/04 813-788-5290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #