2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J29032

1. Entity Name
SHELDON MAINTENANCE SERVICE, INC.

Principal Place of Business	Mailing Address
% GARY K. SHELDON P.O. BOX 700459 SAINT CLOUD, FL 34770-0459	% GARY K. SHELDON P.O. BOX 700459 SAINT CLOUD, FL 34770-0459

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2836412
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELDON, GARY K.
6550 BAYSHORE DR
SAINT CLOUD, FL 34771

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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: Gary K. Sheldon Gary K. Sheldon 1-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	SHELDON, GARY K.
STREET ADDRESS	6550 BAYSHORE DR.
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	S
NAME	PEACH, STACEY L
STREET ADDRESS	5290 JOHN DAVID RD
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	VD
NAME	SHELDON, PATRICIA A
STREET ADDRESS	6550 BAY SHORE DR
CITY-ST-ZIP	SAINT CLOUD, FL 34771
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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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: Gary K. Sheldon Gary K. Sheldon 1-12-04 407-957-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #