2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29032

SHELDON, PATRICIA A

SAINT CLOUD, FL 34771

6550 BAY SHORE DR

Name:

Address:

City-St-Zip:

Entity Name: SHELDON MAINTENANCE SERVICE INC.

FILED Feb 07, 2005 Secretary of State

| y | ONLEED | | , 1140. | | |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| P.O. BOX | K. SHELDON 700459 OUD, FL 347 | 700459 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| P.O. BOX | K. SHELDON 700459 OUD, FL 347 | 700459 | | | |
| FEI Number | : 59-2836412 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| The above in the State | SHORE DR OUD, FL 347 named entity of Florida. | | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | | nic Signature of Registered Ac | pent | Date | |
| Election Car | | ng Trust Fund Contribution (). | , -··· | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PDST (SHELDON, GA 6550 BAYSHO ST. CLOUD, F | RE DR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (PEACH, STAC 5290 JOHN D SAINT CLOUD | AVID RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title [.] | VD (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY K. SHELDON PRES 02/07/2005