


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J29032</b>	
1. Entity Name <b>SHELDON MAINTENANCE SERVICE, INC.</b>	

Principal Place of Business <b>6550 BAY SHORE DRIVE SAINT CLOUD FL 34771</b>	Mailing Address <b>% GARY K. SHELDON P.O. BOX 700459 SAINT CLOUD FL 34770-0459</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number <b>59-2836412</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>SHELDON, GARY K. 6550 BAYSHORE DR SAINT CLOUD FL 34771</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PDST <input type="checkbox"/> Delete
NAME	<b>SHELDON, GARY K.</b>
STREET ADDRESS	<b>6550 BAYSHORE DR.</b>
CITY-ST-ZIP	<b>ST. CLOUD FL 34771</b>
TITLE	S <input type="checkbox"/> Delete
NAME	<b>PEACH, STACEY L</b>
STREET ADDRESS	<b>5290 JOHN DAVID RD</b>
CITY-ST-ZIP	<b>SAINT CLOUD FL 34771</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>SHELDON, PATRICIA A</b>
STREET ADDRESS	<b>6550 BAY SHORE DR</b>
CITY-ST-ZIP	<b>SAINT CLOUD FL 34771</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>U00000817356</b>
CITY-ST-ZIP	<b>02/14/08-80090-002 150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an email like empowered.	
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SIGNATURE: 	<b>1-22-08</b>	<b>407-957-6674</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Phone Number