

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29032

FILED
Feb 02, 2009
Secretary of State

Entity Name: SHELDON MAINTENANCE SERVICE, INC.

Current Principal Place of Business:

6550 BAY SHORE DRIVE
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

% GARY K. SHELDON
P.O. BOX 700459
SAINT CLOUD, FL 347700459

New Mailing Address:

FEI Number: 59-2836412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: SHELDON, GARY K.,
Address: 6550 BAYSHORE DR.
City-St-Zip: ST. CLOUD, FL 34771

Title: S () Delete
Name: PEACH, STACEY L
Address: 5290 JOHN DAVID RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: VD () Delete
Name: SHELDON, PATRICIA A
Address: 6550 BAY SHORE DR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHELDON, GARY K.,
Address: 6550 BAYSHORE DR.
City-St-Zip: ST. CLOUD, FL 34771

Title: SEC (X) Change () Addition
Name: PEACH, STACEY L
Address: 5290 JOHN DAVID RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP (X) Change () Addition
Name: SHELDON, PATRICIA A
Address: 6550 BAY SHORE DR
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: GARY K. SHELDON

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date