

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J95474**

1. Entity Name

**UNITED SHELVEING, INC.**



Principal Place of Business

**404 ROBERTSON LA  
DEBARY, FL 32713 US**

Mailing Address

**% M. CHARLES WALTER  
342 ALEXANDER AVE.  
DELTONA, FL 32725-9011**



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2856369**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALTER, M. CHARLES  
342 ALEXANDER AVE.  
DELTONA, FL 32725-9011**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	HAMILTON-WALTER, CAROL
STREET ADDRESS	342 ALEXANDER AVENUE
CITY-ST-ZIP	DELTONA, FL
TITLE	T
NAME	WALTER, MICHAEL
STREET ADDRESS	1062 GERONA AVE.
CITY-ST-ZIP	DELTONA, FL
TITLE	S
NAME	COLLINS, WILLIAM R
STREET ADDRESS	3693 SUNDAY DR
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100001312045  
04/18/05-80067-020 150.00

**DO NOT WRITE  
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:**

*Carol Hamilton-Walter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/05*  
Date

*(386) 668-2222*  
Daytime Phone #