

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90027 036 \*\*\*150.00

10075011



<b>DOCUMENT # J97528</b> 1. Entity Name SHELTER SYSTEMS, INC.					
Principal Place of Business 7300 SW 198TH AVE. DUNNELLON, FL 34431 US			Mailing Address 7300 SW 198TH AVE. DUNNELLON, FL 34431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005    Chg-P    CR2E034 (10/03)	
4. FEI Number 59-2849431				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			7. Name and Address of New Registered Agent		
KRICK, KAREN A 3756 S SPRINGBREEZE WAY HOMOSASSA SPRINGS, FL 34447			Name Williams, McCranie and Sutton, PA Street Address (P.O. Box Number is Not Acceptable) 450 Pleasant Grove Road City Inverness <b>FL</b> Zip Code 34452		
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: <i>[Signature]</i> DATE: 1/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELEON, DAWN E <input type="checkbox"/> Delete 7300 SW 198TH AVE. DUNNELLON, FL 34431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Administrative Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelly R. Deleon 3336 E. Paula Ln Inverness FL 34453	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELEON, ELIAZAR J <input type="checkbox"/> Delete 7300 SW 198TH AVE. DUNNELLON, FL 34431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELEON, ELIAZAR <input type="checkbox"/> Delete 3336 E. PAULA LANE INVERNESS, FL 34453		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEON, JOVAHNN A D <input type="checkbox"/> Delete 7300 SW 198TH AVE. DUNNELLON, FL 34431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-28-05    352-465-6261 <small>Date    Daytime Phone #</small>		