

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006973**

1. Entity Name  
**SHACKLES BREAKING COMMUNITY DEVELOPMENT, INC.**



Principal Place of Business 1072 SAWYER ST PENSACOLA, FL 32534	Mailing Address 1072 SAWYER ST PENSACOLA, FL 32534
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**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2292293	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

JONES, PAUL L  
 1072 SAWYER ST  
 PENSACOLA, FL 32534

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

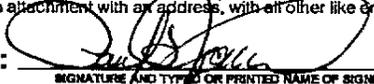
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, PAUL L 7961 HOBART AVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, SHARON D 7961 HOBART AVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTIS, CHRISTIAN J 7961 HOBART AVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, RENEE 3618 NORTH "R" ST. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATSON, CHAMERE 1970 JOSHUA DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000561834  
 05/19/06-80031-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:**  **5/1/06** **850-478-7518**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #