

APR. 29. 2004 8:55AM

CARR_RIGGS_INGRAM

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-07-2004 90117 043 ****61.25

DOCUMENT # N03000007685			
1. Entity Name SHELTERING HEADS, INC.			
Principal Place of Business 521 E. BEACH DRIVE PANAMA CITY, FL 32401 US		Mailing Address 521 E. BEACH DRIVE PANAMA CITY, FL 32401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0222913		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DC FINANCIAL SOLUTIONS, INC. 1236 S. MCDUFF AVENUE SUITE 109 JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name VERNA CONNOR Street Address (P.O. Box Number is Not Acceptable) 521 E. Beach Dr City Panama City FL Zip Code 32401	
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>Verna Connor</i> Signature, typed or original name of registered agent and date is applicable. (NOTE: Registered Agent Signature required when retreating)		DATE 4/28/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNOR, Verna 521 E. BEACH DRIVE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNOR, TOSHIYA 521 E. BEACH DRIVE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONNOR, NADIA 2734 E. HWY. 390 PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, CHESTER 521 E. BEACH DRIVE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, CHARLES E 521 E. BEACH DRIVE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTY, YVETTE 2734 E. HWY. 390 PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: <i>Verna Connor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/28/04 850 763 3655 Typed Name of Signer	