

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

FILED
May 08, 2006 08:00 A
Secretary of State

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**



05052006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CONNOR, VERNA
521 E. BEACH DR
PANAMA CITY, FL 32401**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
CONNOR, VERNA
STREET ADDRESS
521 E. BEACH DRIVE
CITY-ST-ZIP
PANAMA CITY, FL 32401

TITLE
VP
NAME
CONNOR, TOSHIYA
STREET ADDRESS
521 E. BEACH DRIVE
CITY-ST-ZIP
PANAMA CITY, FL 32401

TITLE
ST
NAME
CONNOR, NADIA
STREET ADDRESS
2734 E. HWY. 390
CITY-ST-ZIP
PANAMA CITY, FL 32405

TITLE
D
NAME
MURRAY, CHESTER
STREET ADDRESS
521 E. BEACH DRIVE
CITY-ST-ZIP
PANAMA CITY, FL 32401

TITLE
D
NAME
CONNOR, CHARLES E
STREET ADDRESS
521 E. BEACH DRIVE
CITY-ST-ZIP
PANAMA CITY, FL 32401

TITLE
D
NAME
CARTY, YVETTE
STREET ADDRESS
2734 E. HWY. 390
CITY-ST-ZIP
PANAMA CITY, FL 32405

U00000564302
05/20/06-80058-005 61.25

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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: *Verna Connor* **VERNA CONNOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06
Date

7633655
Daytime Phone #