2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 All Secretary of State

DOCUMENT # P01000029503 1. Entity Name SHELLEY HARRELL SHELTON, P.A.					tary of S		
Principal Place o	f Business	Mailing Address]			
146 AVENUE B Winter Haven		146 AVENUE B NW Winter Haven, FL 33881					
			· · · · · · · · · · · · · · · · · · ·				
DO NOT WRITE IN THIS SPACE			^-	04242007	No Chg-P	CR2E034	(11/05)
			CE	4. FEI Numb 59-371			Applied For Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
	6. Name and Address of Current Reg	stered Agent			·		
SHELTON, SHELLEY H 146 AVENUE B NW WINTER HAVEN, FL 33881			DO NOT WRITE				
				IN	THIS SF	ACE	
	med entity submits this statement for the s of registered agent.	e purpose of changing its register	Lead office or registe	red agent, or bo	th, in the State of Fl	orida. I am fam	iliar with, and accept
SIGNATURE	nature, typed or printed name of registered agent and ti	de if applicable (NOTE: Registeri	ed Agent algnature require	i when reinstating)		DATE	*
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	or Notagor	748423	
10.	OFFICERS AND DIR	ECTORS			03/11/01 -	יוטריו מיטיטטר	JT 15U.UU
TITLE C			1				
	SHELTON, SHELLEY 46 AVENUE B NW		1				
	VINTER HAVEN, FL 33881						

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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

det 4-26-

298-060 (

Shelley H. Shelton