



FILED
Mar 11, 2005 8:00 am
Secretary of State

02-11-2005 90057 030 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000066399 1. Entity Name LENDERS SHELBY MARGINSON, INC.		
Principal Place of Business 3825 HENDERSON BLVD. TAMPA, FL 33629		Mailing Address 3825 HENDERSON BLVD. TAMPA, FL 33629
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent. FITZPATRICK, SCOTT W % SCOTT W. FITZPATRICK, P.A. 100 SOUTH EDISON AVE., STE C TAMPA, FL 33606		66004231  01162005 No Chg-P CR2E034 (10/03) 4. FEI Number 43-1936473 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 <u>N/A</u> (NOTE: Registered Agent signature required when reappointing) DATE <u>3/8/07</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBY, SCOTT 2205 CLUBHOUSE DRIVE PLANT CITY, FL 33568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGINSON, BILL 9121 WOODBRIDGE RUN DRIVE TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: <u>Scott Shelby, President</u> 3/8/07 813-288-0100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #		