

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90066 036 ***150.00

DOCUMENT # P01000066399

1. Entity Name
LENDERS SHELBY MARGINSON, INC.



Principal Place of Business
3825 HENDERSON BLVD.
STE 605A
TAMPA, FL 33629

Mailing Address
3825 HENDERSON BLVD.
STE 605A
TAMPA, FL 33629

2. Principal Place of Business - No P.O. Box #
5305 TECHNOLOGY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
5305 TECHNOLOGY DRIVE
Suite, Apt. #, etc.



01182007 Chg-P CR2E034 (12/06)

City & State
Tampa, FL.

City & State
Tampa, FL.

4. FEI Number
43-1936473

Applied For
Not Applicable

Zip
33647

Country

Zip
33647

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
D
SHELBY, SCOTT
2205 CLUBHOUSE DRIVE
PLANT CITY, FL 33566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARGINSON, BILL
9121 WOODRIDGE RUN DRIVE
TAMPA, FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07
Date

813-866-4663
Daytime Phone #