

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000123550

1. Entity Name
SHELLEY & SHELLEY, C.P.A., P.A.



Principal Place of Business
313 SOUTH PALMETTO AVE.
DAYTONA BCH, FL 32114

Mailing Address
313 SOUTH PALMETTO AVE.
DAYTONA BCH, FL 32114



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1290481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHELLEY, ROSE P
313 SOUTH PALMETTO AVE.
DAYTONA BCH, FL 32114

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PTD SHELLEY, ROSE P 2204 SOUTH PENINSULA DR. DAYTONA BCH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHELLEY, JOHN A 2204 SOUTH PENINSULA DR. DAYTONA BCH, FL 32118
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80012-009 150.00

**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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 386-252-0613
Date Daytime Phone #

Rose P. Shelley