

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000123550

1. Entity Name

SHELLEY & SHELLEY, C.P.A., P.A.



Principal Place of Business

1515 HERBERT ST  
SUITE 213  
PORT ORANGE, FL 32129

Mailing Address

1515 HERBERT ST  
SUITE 213  
PORT ORANGE, FL 32129



03252007

No Chg-P

CR2E034 (11/05)

**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  
1515 HERBERT ST  
SUITE 213  
PORT ORANGE, FL 32129

**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 resigning)

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**

U000000682230  
04/04/07-80078-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHELLEY, ROSE P
STREET ADDRESS	2204 SOUTH PENINSULA DR.
CITY-ST-ZIP	DAYTONA BCH, FL 32118
TITLE	VSD
NAME	SHELLEY, JOHN A
STREET ADDRESS	2204 SOUTH PENINSULA DR.
CITY-ST-ZIP	DAYTONA BCH, FL 32118
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 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 or without like empowerment.

SIGNATURE:

*Rose P Shelley* PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 386-382-3787

DATE

Daytime Phone #