

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000003464

1. Entity Name
KAREN ELIZABETH SHEL TZ, P.A.



Principal Place of Business
**110 KNOTTY PINE TR
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**110 KNOTTY PINE TR
PONTE VEDRA BEACH, FL 32082**



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1168138** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEL TZ, KAREN E
110 KNOTTY PINE TR
PONTE VEDRA BEACH, FL 32082**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000471975
03/29/06-80018-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHEL TZ, KAREN E**
STREET ADDRESS **110 KNOTTY PINE TR**
CITY- ST- ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **T**
NAME **SHEL TZ, KAREN E**
STREET ADDRESS **110 KNOTTY SHEL TZ**
CITY- ST- ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **S**
NAME **SHEL TZ, KAREN E**
STREET ADDRESS **110 KNOTTY PINE TR**
CITY- ST- ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: Karen Sheltz President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 (04) 250-9490
Date Daytime Phone #