


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90069 048 ***150.00

DOCUMENT # P03000018256 1. Entity Name SHUMATE AND ASSOCIATES, INC.					
Principal Place of Business 722 CHAVERS STREET EAST LEHIGH ACRES, FL 33936				Mailing Address 722 CHAVERS STREET EAST LEHIGH ACRES, FL 33936	
2. Principal Place of Business 237 Joel Boulevard Suite, Apt. #, etc. Suite 101 City & State Lehigh Acres, FL Zip 33972		3. Mailing Address 237 Joel Boulevard Suite, Apt. #, etc. Suite 101 City & State Lehigh Acres, FL Zip 33972		Country USA	
4. FEI Number 48-1301240		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHUMATE, DAVID L 722 CHAVERS STREET EAST LEHIGH ACRES, FL 33936			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 <u><i>David Shumate</i></u> DATE <u>2-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHUMATE, CYNTHIA A 722 CHAVERS STREET EAST LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHUMATE, DAVID L 722 CHAVERS STREET EAST LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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><i>David Shumate</i></u> <u>2-16-05</u> <u>239-369-3958</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		