

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT	#	P0300004	5729
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1. Entity Name

CAROLYN J. SHOTT FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

1614 GLENRIDGE ST NW PALM BAY, FL 32907 1614 GLENRIDGE ST., NW PALM BAY, FL 32907



DO NOT WRITE IN THIS SPACE

 01272006
 No Chg-P
 CR2E034 (11/05)

 4. FE! Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SHOTT, CAROLYN J 1614 GLENRIDGE ST., NW PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

		i			 !
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office of a	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f epplicable (NOTE: Registered)	Ageni signature	required when rainstaning)	DATE
	E NOW[II FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing 🎞	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOTT, CAROLYN J 1614 GLENRIDGE ST. NW PALM BAY, FL 32907				1100000a 1 72 1 0
STILE NAME STREET ADDRESS CITY-ST-ZIP	S SHOTT, CAROLYN J 1614 GLENRIDGE ST., NW PALM BAY, FL 32907				(190000417218 02/13/06-80047-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOTT, CAROLYN J 1614 GLENRIDGE ST, NW PALM BAY, FL 32907			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ARROSESS					

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:

CITY-ST-ZIP

STANDARDAR AND TYPED OR PRINTED FAME OF SIGNING OFFICER ON DIRECTOR

1-27-06 (321)676-331