

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

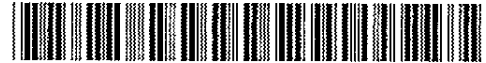
DOCUMENT # P03000078527

1. Entity Name
SHELCO SALES & MARKETING, INC.



Principal Place of Business
**19498 BLACK OLIVE LANE
BOCA RATON, FL 33498 US**

Mailing Address
**19498 BLACK OLIVE LANE
BOCA RATON, FL 33498 US**



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0577911

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTH-ALBANESE, SHELLEY
19498 BLACK OLIVE LANE
BOCA RATON, FL 33498**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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
**P
ROTH-ALBANESE, SHELLEY
19498 BLACK OLIVE LANE
BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
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000000768623
07/13/07-80005-006 550.00

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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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #