


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90077 008 \*\*\*150.00

<b>DOCUMENT #</b> P03000092272	
<b>1. Entity Name</b> M.S. SHELTON CONSTRUCTION INC.	

<b>Principal Place of Business</b> 139 BELMONT DRIVE WINTER HAVEN FL 33884 US	<b>Mailing Address</b> 139 BELMONT DRIVE WINTER HAVEN FL 33884 US
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50018393



1st MOORE CR2E034 (10/04)

<b>2. Principal Place of Business</b> 110 Hidden Oaks Ln	<b>3. Mailing Address</b> 110 Hidden Oaks Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Winter Haven FL	<b>City &amp; State</b> Winter Haven FL
<b>Zip</b> 33884	<b>Country</b> USA

<b>4. FEI Number</b> 20-0193238	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SHELTON, MICHAEL S 139 BELMONT DRIVE WINTER HAVEN FL 33884
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<b>7. Name and Address of New Registered Agent</b>  Name: Michael S. Shelton Street Address (P.O. Box Number is Not Acceptable): 110 Hidden Oaks Ln  City: Winter Haven FL Zip Code: 33884
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<b>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.</b>  X SIGNATURE: <i>Michael S. Shelton</i> DATE: 2-17-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																
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<b>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.</b>  X SIGNATURE: <i>Michael S. Shelton</i> DATE: 2-17-05 DAYTIME PHONE #: 863 326 1257 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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