## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094741

1. Entity Name

LORETTA M SHELTON PA



Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

5924 SPRINGVIEW DR PORT ORANGE, FL 32127 Mailing Address

1515 RIDGEWOOD AVE., #A HOLLY HILL, FL 32117



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 5. Certificate of Status Desired | \$8.75 Additional |  |
|----------------------------------|-------------------|--|
| 20-0181362                       | Not Applicabl     |  |
| 4. FEI Number                    | Applied For       |  |
|                                  | <br>              |  |

01162007

Fee Required

CR2E034 (11/05)

**FILED** 

LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE

HOLLY HILL, FL 32117

SIGNATURE:

| DC | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

No Chq-P

|  | named entity submits this statement for the plants of registered agent.   | ourpose of changing its registered                       | d office or r                            | egistered agent, or bo   | oth, in the State of Florida/I am familiar with, and accept   |
|--|---|--|--|--|---|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title  | if applicable (MOT) Registered                           | Agent signature                          | required when reinstating)   | DATE  |
| FIL<br>After Ma                                | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00   | 9. Efection Campaign Finance<br>Trust Fund Contribution. | ing 🗆                                    | \$5.00 May Be<br>Added to Fees   |   |
| 10.  | OFFICERS AND DIREC  | CTORS  |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | P<br>SHELTON, LORETTA<br>5924 SPRINGVIEW DR<br>PORT ORANGE, FL 32127  |  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |  | 000000679307<br>04/03/07-80032-013 150.08   |
| TITLE  |   |  |  |  | 04/03/01-80032-013 130.00   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   |  |  | DO   | NOT WRITE   |
| TITLE NAME STREET ADORESS CITY-ST-ZIP          |   |  |  | IN   | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  | i.                                       |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |  |  |   |
| i of the cor                                   | certify that the information supplied with this f<br>on this report or supplemental report is true<br>reporation or the receiver or trustee empowere<br>, or on an attachment with an address, with a | d to execute this report as require                      | mptions co<br>ure shall ha<br>ed by Chap | ntained in Chapter 11<br>ve the same legal effe<br>ter 607, Florida Statut | <ol> <li>Florida Statutes. I further certify that the information<br/>act as if made under oath; that I am an officer or director<br/>les; and that my name appears in Block 10 or Block 11 if</li> </ol> |