

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000102048

1. Entity Name
A-1 SHELVING, INC.



Principal Place of Business

972 DAWSON DR
DELTONA, FL 32725

Mailing Address

972 DAWSON DR
DELTONA, FL 32725



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0077811

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOLOMON, TAMARA
972 DAWSON DR
DELTONA, FL 32725

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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 | PVPS SOLOMON, MARK 972 DAWSON DR. DELTONA, FL 32725 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SOLOMON, MARK 972 DAWSON DR. DELTONA, FL 32725 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLOMON, MARK 972 DAWSON DR. DELTONA, FL 32725 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLOMON, TAMARA 972 DAWSON DR. DELTONA, FL 32725 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/03/05-80092-013 150.00

DO NOT WRITE
IN THIS SPACE

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:

Mark Solomon

MARK SOLOMON, PRES. 5/29/05

(386) 216-5948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #