

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 DEC -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/04/04 01041 082 \$150.00



09302004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000113278

1. Entity Name
R B SHELVEING INCORPORATED



Principal Place of Business
**38845 COUNTY ROAD 439
EUSTIS, FL 32736 US**

Mailing Address
**38845 COUNTY ROAD 439
EUSTIS, FL 32736 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
733132542

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

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSH, ROBIN C 38845 COUNTY ROAD 439 EUSTIS, FL 32736		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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]* 10-28-04
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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin C. Bush President 38845 C.R. 439 Eustis FL 32736	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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: *[Signature]* 10-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

10/28/04

To whom it may concern,

I received a letter telling me that my incorp
will be revoked due to the officer or director
was not put in the box. I was not told to fill
anything out. Please undo the revoke on or
~~incorp-I have already paid the \$150.00 fee.~~
~~Mailed the first letter and money on~~
9/30/04.

Thank You
R B Shelving Incop
38845 County Road 439
Eustis Fl, 32736
352-483-1050
Fax 352-483-1050