

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2004 8:00 am
Secretary of State

03-31-2004 90001 012 ***150.00

DOCUMENT # P03000119119 1. Entity Name SHALE CONSULTING INC.					
Principal Place of Business 3451 S. STATE ROAD 7 HOLLYWOOD, FL 33023			Mailing Address 3451 S. STATE ROAD 7 HOLLYWOOD, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 06-1712201	
5. Name and Address of Current Registered Agent SHALE, JOHN P 3451 S. STATE ROAD 7 HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
6. 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.				8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHALE, JOHN P 3451 S. STATE ROAD 7 HOLLYWOOD, FL 33023			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>John P. Shale</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN P. SHALE				3/25/04 Date 954-989-4605 Daytime Phone #	

00310000



02192004 Chg-P CR2E034 (10/03)

4. FEI Number **06-1712201** Applied For Not Applicable

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHALE, JOHN P
3451 S. STATE ROAD 7
HOLLYWOOD, FL 33023

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, 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, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
P
SHALE, JOHN P
3451 S. STATE ROAD 7
HOLLYWOOD, FL 33023

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE: John P. Shale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. SHALE
3/25/04
Date
954-989-4605
Daytime Phone #