


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90094 032 ***150.00

DOCUMENT # P03000133898 1. Entity Name SHELTON FRAMING, INC.			
Principal Place of Business 810 MARCIA LOOP WINTER HAVEN, FL 33884 US		Mailing Address 810 MARCIA LOOP WINTER HAVEN, FL 33884 US	
2. Principal Place of Business - No P.O. Box # 1251 Thurles Ave		3. Mailing Address 1251 Thurles Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Haines City, FL		City & State Haines City, FL	
Zip 33844		Zip 33844	
Country 		Country 	
4. FEI Number 72-1575169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELTON, BRIAN 810 MARCIA LOOP WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name Shelton, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1251 Thurles Ave City Haines City FL Zip Code 33844	
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 <u>Brian Shelton</u> 5-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SHELTON, BRIAN 810 MARCIA LOOP WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Thurles Ave Haines City, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINDS, BERTIE 107 DIAMOND RIDGE BLVD AUBURNDAL, FL 33823	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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Brian Shelton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5-11-07</u> <small>Date Daytime Phone #</small>	

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