

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000147808

1. Entity Name

WALLACE MERLE SHELTON, INC.



Principal Place of Business

5160 65TH STREET
VERO BEACH, FL 32967 US

Mailing Address

P.O. BOX 41
WINTER BEACH, FL 32971 US



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3138088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTON, WALLACE M
5160 65TH STREET
VERO BEACH, FL 32967

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHELTON, WALLACE M
STREET ADDRESS 5160 65TH STREET
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE VP
NAME SHELTON, WALLACE M
STREET ADDRESS 5160 65TH STREET
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE SEC
NAME SHELTON, WALLACE M
STREET ADDRESS 5160 65TH STREET
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE TR
NAME SHELTON, WALLACE M
STREET ADDRESS 5160 65TH STREET
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000557933
05/17/06-80072-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wallace M. Shelton 4-28-06 772-567-0698

Date

Daytime Phone #