

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000157559

1. Entity Name
JOHN SHULL CONTRACTING INCORPORATED



Principal Place of Business
**4650 E. GASKINS ROAD
BARTOW, FL 33831**

Mailing Address
**4650 E. GASKINS ROAD
BARTOW, FL 33831**



02092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0590357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHULL, JOHNNIE
4650 E. GASKINS ROAD
BARTOW, FL 33831**

**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 re-registering)

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**

**1100000429975
02/22/06-80028-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHULL, LISA M**
STREET ADDRESS **4650 E. GASKINS ROAD**
CITY-ST-ZIP **BARTOW, FL 33831**

TITLE **V**
NAME **SHULL, JOHNNIE**
STREET ADDRESS **4650 E. GASKINS ROAD**
CITY-ST-ZIP **BARTOW, FL 33831**

TITLE
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CITY-ST-ZIP

**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 attached form with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2006 863 559 8791