

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 018 ***150.00



DOCUMENT # P04000008921
 1. Entity Name
STEVE SHULTS, INC.

Principal Place of Business Mailing Address
9373 NORTHCLIFFE BLVD **9373 NORTHCLIFFE BLVD**
SPRING HILL FL 34606 **SPRING HILL FL 34606**

2. Principal Place of Business 3. Mailing Address
~~9373 Northcliffe~~ ~~9373 Northcliffe Blvd~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Spring Hill FL **Spring Hill FL**
 Zip Country Zip Country
34606 **Hernando** **34606** **Hernando**

1st MOORE CR2E034 (10/04)
 4. FEI Number Applied For
59-2980412 Not Applicable

6. Name and Address of Current Registered Agent
SHULTS, STEVE
9373 NORTHCLIFFE BLVD
SPRING HILL FL 34606

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name ~~Steve Shults~~ **Steve Shults**
 Street Address (P.O. Box Number is Not Acceptable)
9373 NORTHCLIFFE BLVD
 City **Spring Hill** **FL** Zip Code **34606**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Steve Shults* DATE **3-11-05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTS, STEVE	
STREET ADDRESS	9373 NORTHCLIFFE BLVD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Steve Shults* Date **3-11-05** Daytime Phone # **(352) 684-9780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR