

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

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

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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