

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90506 001 \*\*\*\*30.00  
 05-04-2006 90506 002 \*\*\*\*30.00  
 05-04-2006 90506 003 \*\*\*\*50.00  
 05-04-2006 90506 004 \*\*\*\*40.00

**66014665**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2980412	Applied For Not Applicable
-----------------------------	-------------------------------

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

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



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

**DO NOT WRITE IN THIS SPACE**

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

**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] DATE: 2-21-06

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULTS, STEVE 9373 NORTHCLIFFE BLVD SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 2-21-06 (352) 684-9780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR