

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90047 002 \*\*\*150.00



**DOCUMENT # P04000065048**  
 1. Entity Name  
**SHELLEY RADIANT CEILING COMPANY, INC.**

Principal Place of Business  
 1203 SUSSEX LANE  
 LIBERTYVILLE IL 60048

Mailing Address  
 C/O WILLIAM SHELLEY  
 1012 LANGER WAY  
 DELRAY BEACH FL 33483



2. Principal Place of Business - No P.O. Box #  
*Shelley Radiant Ceiling*

3. Mailing Address  
*William Shelley*

Suite, Apt. #, etc.  
*1203 Sussex Lane*

Suite, Apt. #, etc.  
*1012 Langer Way*

City & State  
*Libertyville IL*

City & State  
*DeLray Beach FL*

Zip  
*60048*

Country  
*US*

Zip  
*33483*

Country  
*US*

1st MOORE CR2E034 (10/06)

4. FEI Number **36-2753539** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHELLEY, WILLIAM**  
**1012 LANGER WAY**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *William Shelley*  
Signature, typed or printed name of registered agent not applicable. (DATE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
P	SHELLEY, WILLIAM	1012 LANGER WAY	DELRAY BEACH FL 33483	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Shelley* 2-4-07 561 278 9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #