

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068061

1. Entity Name
SHEL NAT CORP.



FILED
06 JAN 18 PM 3:13
TALLAHASSEE, FLORIDA

Principal Place of Business
91 W. 11TH STREET, SUITE 1007
ATLANTIC BEACH, FL 32233

Mailing Address
91 W. 11TH STREET, SUITE 1007
ATLANTIC BEACH, FL 32233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4811 Evenlode Lane

Suite, Apt. #, etc.
4811 Evenlode Lane

06022005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
56-2458166

Applied For
Not Applicable

Zip
32217

Country
Duval

Zip
32217

Country
Duval

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKIE, SHELTON A
91 W. 11TH STREET, SUITE 1007
ATLANTIC BEACH, FL 32233

Name
Shelton McKie

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

4811 Evenlode LN

City JACKSONVILLE

FL

Zip Code
32217

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME MCKIE, SHELTON A
STREET ADDRESS 91 W. 11TH STREET, SUITE 1007
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE PT
NAME Shelton McKie
STREET ADDRESS 4811 Evenlode LN
CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE SVP
NAME MCKIE, NATASHA D
STREET ADDRESS 91 W. 11TH STREET, SUITE 1007
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE SVP
NAME Natasha McKie
STREET ADDRESS 4811 Evenlode LN
CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shelton McKie President

Date 12-20-05 Daytime Phone # 850-259-4434

REINSTATEMENT

T. Roberts JAN 23, 2006

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02/03/06--01047--006 **308.75