2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117876

Entity Name: SHELDON BUZZARD, INC

BUZZARD, SHELDON

DELTONA, FL 32738

970 TRELLIS AVE

Name:

Address:

City-St-Zip:

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
970 TRELI DELTONA	LIS AVE A, FL 32738 US			
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
612 HERB PORT OR	BERT ST ANGE, FL 32129 US			
FEI Number	: 20-1503898 FEI Number Applied Fo	or () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered A	gent: Name and Address o	of New Registered Agent:	
970 TREL), SHELDON LIS AVE A, FL 32738 US			
	e named entity submits this statement e of Florida.	for the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:			
Electronic Signature of Registered Age		ered Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution	().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete BUZZARD, SHELDON 970 TRELLIS AVE DELTONA, FL 32738	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete HIGH, JOHN 87 FREEMONT AVE DAYTONA BEACH, FL 32114	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRS () Delete MENBACH, JOSHUA 970 TRELLIS AVE DELTONA, FL 32738	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHELDON BUZZARD P 04/30/2006