2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2005 8:00 am Secretary of State 04-13-2005 90059 041 ***150.00

DOCUMENT # P04000173632						A					
1. Entity Name HARRY L. SHUFFLEBARGER & ASSOCIATES II, INC.											
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Principal Plac	e of Busines	s	1			•					
				IO SAN MATEO IL GABLES, FL 33156			66017880				
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (10/03)		
City & State			City & State	City & State			097462			pplied For ot Applicable	
Zip	Country		Žip	Žip Coun		5. Certificat	o of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New R				
SHUFFLEBARGER, HARRY L 13000 SAN MATEO					Street Address (P.O. Box Number Is Not Acceptable)						
CORAL GABLES, FL 33156											
						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 acceptable obligations of registered agent.										and accept	
SIGNATURE											
						uired when minuteting)	-	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									ļ		
10. OFFICERS AND DIRECTORS 11.						ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S (N 11	
TITLE Name	D Delets 117 SHUFFLEBARGER, HARRY L. NA				·- I				Change	☐ Addition	
STREET ADDRESS	13000 SA	N MATEO	•	MAA Str	EET ADDRESS						
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title Name			☐ Defete	m					Change	☐ Addition	
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CITY-ST-ZIP	<u> </u>		(T)		r-ST-ZIP						
TITLE NAME			C Delete	TITU Man					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
	certify that the on this repo	e information supplied w nt or supplemental repor	rith this filing does not qualify			Section 119.07(3) he same legal effe	(i), Florida Statutes, 1	lunther certi	fy that the in	nformation or director	
12. I hereby certify that the information supplied with this filling 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 cath; 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: 16 Oly W 4/10/15											