

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # P05000054722**

1. Entity Name  
SRS DEVELOPMENT CORPORATION, INC.



05-03-2006 90434 001 \*\*\*150.00  
05-03-2006 90434 002 \*\*\*\*\*8.75

Principal Place of Business  
P O BOX 406  
DUNNELLON, FL 34430-0406

Mailing Address  
P O BOX 406  
DUNNELLON, FL 34430-0406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006 Chg-P CR2E034 (11/05)

4. FEI Number  
30-0308486

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHEFFIELD, LISA F  
20170 E PENNSYLVANIA AVE  
DUNNELLON, FL 34432

## 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SHELTON, SHEILA  
STREET ADDRESS P O BOX 406  
CITY-ST-ZIP DUNNELLON, FL 344300406

TITLE S ☐ Delete  
NAME SHELTON, DOROTHY A  
STREET ADDRESS P O BOX 406  
CITY-ST-ZIP DUNNELLON, FL 344300406

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☒ Addition  
NAME SHELTON, RAYMOND R.  
STREET ADDRESS P O Box 406  
CITY-ST-ZIP Dunnellon, FL 344300406

TITLE S/T/D ☒ Change ☐ Addition  
NAME SHELTON, DOROTHY A  
STREET ADDRESS P O BOX 406  
CITY-ST-ZIP DUNNELLON, FL 344300406

TITLE VP/D ☒ Change ☐ Addition  
NAME SHELTON, SHEILA  
STREET ADDRESS P O BOX 406  
CITY-ST-ZIP DUNNELLON, FL 344300406

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

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

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

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:**

*Dorothy A Shelton* DOROTHY A SHELTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-465-5226

Daytime Phone #