

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000054722

1. Entity Name
SRS DEVELOPMENT CORPORATION, INC.



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

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



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHELTON, RAYMOND R
STREET ADDRESS P O BOX 406
CITY-ST-ZIP DUNNELLON, FL 344300406

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

TITLE VPD
NAME SHELTON, SHELIA
STREET ADDRESS P.O. BOX 406
CITY-ST-ZIP DUNNELLON, FL 344300406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000733847
05/09/07-80105-003 150.00

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IN THIS SPACE**

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: *Sheria Shelton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-23-07 Daytime Phone # _____