


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000165671 1. Entity Name SHIERLING & KELTON, CPA, P.A.	
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Principal Place of Business 929 NORTH SPRING GARDEN AVENUE STE 135 DELAND, FL 32720	Mailing Address 929 NORTH SPRING GARDEN AVENUE STE 135 DELAND, FL 32720
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02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1943621	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHIERLING, GEORGE E
929 NORTH SPRING GARDEN AVENUE STE 135
DELAND, FL 32720

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIERLING, GEORGE E 3470 TRAIL IN THE PINES DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELTON, RUSSELL L 816 WEST WISCONSIN AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/27/08-80052-007 150.00

**DO NOT WRITE
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:  **2/18/08 386-734-2985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #