

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087259

**FILED**  
**Sep 18, 2012**  
**Secretary of State**

**Entity Name:** CHARLYN SHELTON ENTERPRISES INC.

**Current Principal Place of Business:**

1211 STONECUTTER DRIVE #406  
CELEBRATION, FL 34747 UN

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 470774  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 26-3217362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHELTON, CHARLYN  
1211 STONECUTTER DRIVE #406  
TRUE  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

SHELTON, CHARLYN  
1211 STONECUTTER DRIVE #406  
CELEBRATION, FL 34747 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

09/18/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SHELTON, CHARLYN  
Address: 1211 STONECUTTER DRIVE #406  
City-St-Zip: CELEBRATION, FL 34747 UN

Title: VD  
Name: YEAMAN, CHRISTOPHER  
Address: 608 E. WILLOW STREET  
City-St-Zip: GARDNER, KS 66030 UN

I hereby 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 all other like empowered.

SIGNATURE: CHARLYN SHELTON

PSTD

09/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date