
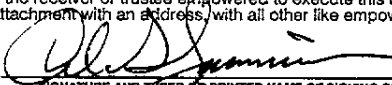


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

| | | |
|---|---------------------|---|
| DOCUMENT # P93000014044 | |  |
| 1. Entity Name SHELBY PRESS, INC. | | |
| Principal Place of Business 1308 LANG AVENUE ORLANDO, FL 32803 US | | Mailing Address 354 CELLO CIRCLE WINTER SPRINGS, FL 32708 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SIMMONS, DEBRA S 354 CELLO CIRCLE WINTER SPRINGS, FL 32708 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | PS | |
| NAME | SIMMONS, DEBRA S | |
| STREET ADDRESS | 354 CELLO CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL | |
| TITLE | VT | |
| NAME | MURRAY, MICHELLE A. | |
| STREET ADDRESS | 354 CELLO CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 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:  | | Date 4/11/05 407.896. Daytime Phone # 4600 |



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3167083

Applied For
Not Applicable

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

1100000300964
04/13/05-80013-010 150.00

**DO NOT WRITE
IN THIS SPACE**