


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000088688</b> 1. Entity Name <b>SHELBY DRIVE CORPORATION</b>	
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Principal Place of Business <b>1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308 US</b>	Mailing Address <b>1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308 US</b>
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-2571016</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DAVID E. TODD 1801 HERMITAGE BLVD. STE 100 TALLAHASSEE, FL 32308</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFFREY 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JAMES W 8750 N CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, G ANDREWS 8750 N CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 752316437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FARALDO, MARK P 8750 N CENTRAL EXPRESSWAY, SUITE 800 TALLAHASSEE, FL 32308

1100000208960  
02/02/05-80015-006 150.00

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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: *Mark P. Faraldo* *Mark P. Faraldo* 1/25/05 2149890800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #