2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000000417

1. Entity Name
SHELBY CORPORATION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
9025 N ATLANTIC AV PORT CANAVERAL, FL 32920 US	P.O. BOX 572 CAPE CANAVERAL, FL 32920 US

40000650

01042005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3356934	Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, RHONDA A
400 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, RHONDA A
STREET ADDRESS	400 HARBOR DRIVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	V. P.
NAME	LEE, PATRICK T.
STREET ADDRESS	400 HARBOR DR
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Patrick T. Lee_   PATRICK T. LEE   1/4/05   321-783-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #