

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000058670

1. Entity Name
SHELLEY MCNAUGHTON DESIGN ASSOCIATES, INC.



Principal Place of Business
**2517 NE 22 STREET
FT LAUDERDALE, FL 33305**

Mailing Address
**2517 NE 22 STREET
FT LAUDERDALE, FL 33305**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0679430	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCNAUGHTON, SHELLEY
2517 NE 22ND ST.
FORT LAUDERDALE, FL 33305**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000578224
01/09/07-80020-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MCNAUGHTON, SHELLEY
STREET ADDRESS	2517 NE 22 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33305

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 filers empowered.

SIGNATURE: *Shelley McNaughton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

Daytime Phone #