2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P96000099483 1. Entity Name 04-29-2005 90299 003 ***150.00 R. J. SHELTRA CONSTRUCTION, INC. Principal Place of Business Mailing Address 13850 ALLAPAHAH ROAD 13850 ALLAPAHAH ROAD INDIANTOWN FL 34956 **INDIANTOWN FL 34956** 14011798 3. Mailing Address 2. Principal Place of Business 2828 SW Montego Terrace Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0717988 stuart Indiantour FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donald <u>Bullis</u> SHELTRA, MARY R 13850 ALLAPAHAH ROAD Street Address (P.O. Box Number is Not Acceptable) 2828 SW Montego Terrace **INDIANTOWN FL 34956** 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete TITLE TITLE Addition Change NAME SHELTRA, MARY R NAME STREET ADDRESS 13850 ALLAPAHAH ROAD STREET ADDRESS CITY-ST-ZIP INDIANTOWN FL CITY-ST-ZIP vro President President Delete TITLE ☐ Addition Bullis, Donald BULLIS, DONALD NAME NAME 2828 Sw montego Ferrace STREET ADDRESS 2940 SE CYPRESS ST STREET ADDRESS CITY-ST-ZIP STUART FL Styart, FL CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED