## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Donald Bullis

SIGNATURE:

## Feb 27, 2006 08:00 AM DOCUMENT # P96000099483 **Secretary of State** 1. Entity Name R. J. SHELTRA CONSTRUCTION, INC. Mailing Address Principal Place of Business 2828 AW MONTEGE TERR PO BOX 636 INDIANTOWN FL 34956 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0717988 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BULLIS, DONALD** Street Address (P.O. Box Number is Not Acceptable) 2828 SW MONTEGO TERR STUART FL 34997 City Zip Code 5. 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registering symm and title & expensable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE Change Change Addition 🔲 NAME BULLIS, DONALD NAME U00000449625 STREET CADORESS STREET ADDRESS 2828 SW MONTEGO TERR 03/03/06-80061-018 150.00 CITY-ST-ZIP STUART FL 34997 CDY-ST-7IP ☐ Chance Addition ☐ Delete BHE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ☐ A... TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREE LADORESS CHY-SI-ZIP CITY-ST-70P Telete Change TITLE TITLE NAME NAME STREET ADURESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change □ Add." TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Admini ☐ Delete DATE 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 exemptions contained in Section 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 like empowered.

FILED

2/22/06 772-597-3433