


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000050144 1. Entity Name DIVERSIFIED SHELTERS, INC.	
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Principal Place of Business C/O GRACE GRIDER 4562 WHISPER CIRCLE PENSACOLA, FL 32504	Mailing Address C/O GRACE GRIDER 4562 WHISPER CIRCLE PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3510760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIDER, GRACE B 4562 WHISPER CIR PENSACOLA, FL 32504

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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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIDER, GRACE B 4562 WHISPER CIR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIDER, C H 4562 WHISPER CIR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARRIEN, JAMES D 1206 S FISH DR GLADBROOK, IA 50635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/05-80003-015 150.00

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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)(f), 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: Cecil H. Grider, Dir. 1/20/05 850-477-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cecil H. Grider, Dir.