

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000075918

1. Entity Name
SHADY PINES RANCH, INC.



Principal Place of Business
8029 SEMINOLE PRATT WHITNEY ROAD
LOXAHATCHEE, FL 33470

Mailing Address
8029 SEMINOLE PRATT WHITNEY ROAD
LOXAHATCHEE, FL 33470



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0779998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INKELL, THEODORE J
8029 SEMINOLE PRATT WHITNEY RD
LOXAHATCHEE, FL 33470

**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 reappointing)

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 PD
NAME INKELL, THEODORE J III
STREET ADDRESS 8029 SEMINOLE PRATT WHITNEY ROAD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE STD
NAME INKELL, DELORIS M
STREET ADDRESS 8029 SEMINOLE PRATT WHITNEY ROAD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VD
NAME INKELL, THEODORA J IV
STREET ADDRESS 3060 AUTUMN WOODS COURT
CITY-ST-ZIP DOUGLASVILLE, GA 30135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/24/05-80049-008 150.00

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: Deloris M. Inkell Deloris M. Inkell

2/22/05 561-795-4599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #