

2004 FORT PROFT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000004400

1. Entity Name
SHR INVESTMENTS CORP., INC.



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90167 010 ***150.00

Principal Place of Business
1532 SE 14TH ST.
CAPE CORAL, FL 33990

Mailing Address
1532 SE 14TH ST.
CAPE CORAL, FL 33990



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0804525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, LOIS
1532 SE 14TH ST.
CAPE CORAL, FL 33990

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PUCKETT, LOIS
STREET ADDRESS 1532 SE 14TH ST.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D
NAME KELSAY, GREG
STREET ADDRESS 1532 SE 14TH ST.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME
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CITY-ST-ZIP

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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 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.

SIGNATURE: *Lois Puckett* Lois PUCKETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

Date

239-574-6919

Daytime Phone #