

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000062209

1. Entity Name
R.P. SHEL TZ, INC.



Principal Place of Business
**110 KNOTTY PINE TRAIL
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address
**110 KNOTTY PINE TRAIL
PONTE VEDRA BEACH, FL 32082 US**



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3521400	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

**SHEL TZ, RICHARD P
110 KNOTTY PINE TRAIL
PONTE VEDRA BEACH, FL 32082-3024**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEL TZ, RICHARD P 110 KNOTTY PINE TRAIL PONTE VEDRA BEACH, FL 320823024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEL TZ, KAREN 110 KNOTTY PINE TRAIL PONTE VEDRA BEACH, FL 320823024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEL TZ, KAREN 110 KNOTTY PINE TRAIL PONTE VEDRA BEACH, FL 320823024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/07-80017-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Richard P. Sheltz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 (904) 601-2727
Date Daytime Phone #