

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90566 027 ***150.00

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1. Entity Name

SHELTON CORPORATION



Principal Place of Business

3170 SE GRAN PKWY
STUART FL 34997
US

Mailing Address

P.O. BOX 4087
ENTERPRISE FL 32725-0087
US

64000004



MOORE

CR2E034 (11/03)

2. Principal Place of Business

915 Diplomat Drive

Suite, Apt. #, etc.

Suite 104-F

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeBary, FL

City & State

Zip

32713

Country

USA

Zip

Country

4. FEI Number

65-0873274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **SHELTON, R. DOUGLAS**
STREET ADDRESS **5018 S.E. DRIFTWOOD**
CITY-ST-ZIP **STUART FL 34997**

TITLE **PTSD** ☐ Delete
NAME **SHELTON Aymar, CAROL**
STREET ADDRESS **1328 SIOUX TR**
CITY-ST-ZIP **ENTERPRISE FL 32725**

TITLE **D** ☐ Delete
NAME **COOLEY, SCOTT**
STREET ADDRESS **1740 E ROSEWOOD COURT**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **219 Oak Drive**
CITY-ST-ZIP **Osteen, FL 32764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Carol A. Aymar* **Carol Shelton Aymar, President 4-22-04 (407)324-3101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #