## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P99000049543 1. Entity Name FILED Sep 03, 2008 08:00 AM Secretary of State ORVAL SHELTON CONSTRUCTION, INC. Principal Place of Business Mailing Address 2130 N. US #1 P.O. BOX 1992 FT PIERCE FL 34974 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State Applied For 4. FEI Number 65-0935196 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHELTON, ORVAL L 10 SEAGULL AVENUE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or incread nanie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00 Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME SHELTON, ORVAL L STREET ADDRESS 10 SEAGULL AVE STREET ADDRESS U00000958844 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP -09/03/08-80004-023 550.NA THLE ☐ Delete TITLE Change Addition NAME SHELTON, LINDA NAME STREET ADDRESS 10 SEAGULL AVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITL F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address and addre