

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90159 001 \*\*\*150.00

**DOCUMENT # V15929**

1. Entity Name  
**SHALCO INTERNATIONAL MARKETING, INC.**



Principal Place of Business  
**3703 BAYVIEW AVENUE N.W.  
ST. JAMES CITY, FL 33956**

Mailing Address  
**3703 BAYVIEW AVENUE N.W.  
ST. JAMES CITY, FL 33956**

14003000



**DO NOT WRITE IN THIS SPACE**

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0316735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHALLBETTER, ALBERT  
3703 BAYVIEW AVENUE N.W.  
ST. JAMES CITY, FL 33956**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SHALLBETTER, ALBERT 3703 BAYVIEW AVENUE NW ST. JAMES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHALLBETTER, MARLYS 3703 BAYVIEW AVENUE NW ST. JAMES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

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 fees empowered.

SIGNATURE: Marlys Shallbetter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 239-283-2130  
Date Daytime Phone #