


**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

DO NOT WRITE IN THIS SPACE

14003000



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0316735	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
SHALLBETTER, ALBERT
3703 BAYVIEW AVENUE N.W.
ST. JAMES CITY, FL 33956

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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 _____ (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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 fee empowered.

SIGNATURE: Marlys Shallbetter 4/21/05 239-283-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #