

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F02427

**Entity Name:** SHIELD PROPERTIES, INC.

**Current Principal Place of Business:**

C/O WILLIAM L. AGRICOLA  
960194 GATEWAY BLVD SUITE 103  
FERNANDINA BEACH, FL 32034-9119

**Current Mailing Address:**

C/O WILLIAM L. AGRICOLA  
960194 GATEWAY BLVD UNIT 103  
FERNANDINA BEACH, FL 32034-9119 US

**FEI Number:** 59-2031325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AGRICOLA, WILLIAM L.  
960194 GATEWAY BLVD  
UNIT 103  
FERNANDINA BEACH, FL 32034-9119 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name AGRICOLA, WILLIAM L.  
Address C/O WILLIAM L. AGRICOLA  
960194 GATEWAY BLVD SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034-9119

Title SECRETARY, TREASURER  
Name AGRICOLA, BELINDA S.  
Address C/O WILLIAM L. AGRICOLA  
960194 GATEWAY BLVD SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034-9119

Title PRESIDENT  
Name AGRICOLA, CHRISTOPHE  
Address C/O WILLIAM L. AGRICOLA  
960194 GATEWAY BLVD SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034-9119

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHE AGRICOLA

**PRESIDENT**

**08/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date