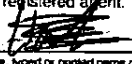
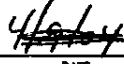
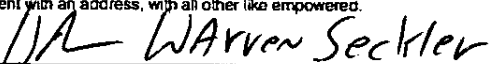
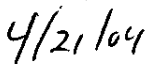


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-12-2004 90673 009 ***150.00

DOCUMENT # 465199		
1. Entity Name WARREN'S SHELL, INC.		
Principal Place of Business 7950 GLADES ROAD BOCA RATON, FL 33434		Mailing Address 7950 GLADES ROAD BOCA RATON, FL 33434
		
4. FEI Number 59-1571821		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SECKLER, WARREN 799 FORSYTH ST BOCA RATON, FL 33487		
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 		DATE 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PTD	
NAME	SECKLER, WARREN	
STREET ADDRESS	7950 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	
NAME	SECKLER, CORINNE	
STREET ADDRESS	7950 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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)(f), 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: 		DATE  581-488.2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #