

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 383983

1. Entity Name
CONTINENTAL SHELF ASSOCIATES, INC.



Principal Place of Business
**759 PARKWAY STREET
JUPITER, FL 33477**

Mailing Address
**759 PARKWAY STREET
JUPITER, FL 33477**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
64-0508505

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEVENS, SARAH S.
759 PARKWAY STREET
JUPITER, FL 33477**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000085207
03/11/04-80038-017 158.75**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STEVENS, ROBERT C. JR.
STREET ADDRESS	759 PARKWAY STREET
CITY - ST - ZIP	JUPITER, FL 00000,
TITLE	V
NAME	AYER, FREDERICK B. II
STREET ADDRESS	759 PKWY. ST.
CITY - ST - ZIP	JUPITER, FL
TITLE	ST
NAME	STEVENS, SARAH SUSAN
STREET ADDRESS	759 PKWY. ST.
CITY - ST - ZIP	JUPITER, FL 00000,
TITLE	P
NAME	GETTLESON, DAVID A.
STREET ADDRESS	759 PKWY. ST.
CITY - ST - ZIP	JUPITER, FL
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)(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:

David Gettleson

David Gettleson

3/3/04

(561) 746-7946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #