

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K21170

Entity Name: SHEL-VEST, INC.

**Current Principal Place of Business:**

12188 PROBASCO LANDING  
EASTON, MD 21601

**Current Mailing Address:**

C/O CRANE CO  
100 FIRST STANDFORD PL.  
STAMFORD, CT 06902 US

FEI Number: 13-3465222

Certificate of Status Desired: No

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

BLANCHARD, DOCK A.  
4 SE BROADWAY ST  
OCALA, FL 34471 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 PD, SECRETARY  
Name EVANS, ROBERT S.  
Address 100 FIRST STAMFOD PL  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name SUSAN, EVANS  
Address 114 GLENWOOD DR  
City-State-Zip: GREENWICH CT 06820

Title DIRECTOR  
Name EVANS, JONATHAN  
Address 5 JOFRAN LANE  
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR  
Name MACDONALD , ASHLEY  
Address 219 EVERGREEN AVE  
City-State-Zip: MILL VALLEY CA 94941

Title DIRECTOR  
Name ROBINSON, MICHAEL  
Address 1277 SMITH RIDGE ROAD  
City-State-Zip: NEW CANAAN CT 06840

Title ASST. SECRETARY, TREASURER  
Name CHRISTENSEN, STACY  
Address 140 ROWAYTON WOODS DR  
City-State-Zip: NORWALK CT 06854

*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: STACY CHRISTENSEN

ASSISTANT SECRETARY 03/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date