

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21170

Entity Name: SHEL-VEST, INC.

Current Principal Place of Business:

12188 PROBASCO LANDING RD
EASTON, MD 21601

Current Mailing Address:

455 NE 5TH AVE
SUITE D-347
DELRAY BEACH, FL 33483 US

FEI Number: 13-3465222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANCHARD, DOCK A.
1007 E FT. KING STREET
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 3259 POLO DR
City-State-Zip: GULFSTREAM FL 33483

Title DIRECTOR
Name SUSAN, EVANS
Address 3259 POLO DR
City-State-Zip: GULFSTREAM FL 33483

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

Title DIRECTOR
Name MACDONALD , ASHLEY
Address 129 MONTFORD AVENUE
City-State-Zip: MILL VALLEY CA 94941

Title DIRECTOR
Name ROBINSON, MICHAEL
Address 6 SMITH RIDGE ROAD
City-State-Zip: NEW CANAAN CT 06840

Title ASST. SECRETARY, TREASURER
Name CHRISTENSEN, STACY
Address 335 E. CANNERY ROW CIRCLE
City-State-Zip: DELRAY BEACH FL 33444

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 S CHRISTENSEN

**ASST. SECRETARY,
TREASURER**

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date