


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
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 64-0508505	Applied For Not Applicable
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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

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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 _____ (NOTE: Registered Agent signature required when re-instating) _____ 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

U00000085207
 03/11/04-80038-017 158.75

10. OFFICERS AND DIRECTORS

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

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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 #