## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 416453**

FILED Jan 10, 2006 Secretary of State

Entity Name: SHELL OFFICE SYSTEMS & EQUIPMENT INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 10959 JACKSONVILLE, FL 322477959		1445 MONTANA AVENUE JACKSONVILLE, FL 32207			
Current N	/lailing Addre	ss:	New Mailing Addres	ss:	
P.O. BOX 10959 JACKSONVILLE, FL 322477959		1445 MONTANA AVENUE JACKSONVILLE, FL 32257			
El Number	r: 59-1440387	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
724 NATU JACKSON The above	ANFORD JRES HAMMO NVILLE, FL 32 e named entity te of Florida.	259 US	ourpose of changing its registere	ed office or registered agent, or both,	
	RF.				
SIGNATU		nic Signature of Registered Age	ent	Date	
SIGNATU	Electro	nic Signature of Registered Age g Trust Fund Contribution ( ).	ent	Date	
SIGNATU	Electro	g Trust Fund Contribution ( ).		Date  ES TO OFFICERS AND DIRECTO	
SIGNATU	Electro	g Trust Fund Contribution ( ).  CTORS:  ) Delete DRD R R LANE			
Election Ca  DFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	Electro  Impaign Financir  S AND DIRECT  P (SHELL, SANFO 12340 DEEDE JACKSONVILL  CB (SHELL, SANFO	g Trust Fund Contribution ( ).  ETORS:  ) Delete DRD R R LANE E, FL 32258  ) Delete DRD F HAMMOCK RD W	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTO	
Election Ca  DFFICER  Title:  Name:  Address:	Electro  Impaign Financir  ES AND DIRECT  P ( SHELL, SANFO 12340 DEEDE JACKSONVILL  CB ( SHELL, SANFO 724 NATURES JACKSONVILL  ST ( SHELL, MARIE	g Trust Fund Contribution ( ).  CTORS:  ) Delete DRD R R LANE E, FL 32258  ) Delete DRD F HAMMOCK RD W E, FL 32259  ) Delete E B HAMMOCK RD W	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	EES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANFORD R SHELL P 01/10/2006