## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 416453**

FILED Jan 30, 2007 Secretary of State

Entity Name: SHELL OFFICE SYSTEMS & EQUIPMENT INC

**Current Principal Place of Business: New Principal Place of Business:** 1445 MONTANA AVENUE JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 1445 MONTANA AVENUE 1445 MONTANA AVENUE JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32207 FEI Number: 59-1440387 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SHELL, SANFORD SHELL, SANFORD R 12340 DEEDER LANE 724 NATURES HAMMOCK RD W JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32259 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: SANFORD R SHELL 01/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SHELL, SANFORD R Name: Name: 12340 DEEDER LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition SHELL, ROBERT F Name: SHELL, SANFORD F Name: 724 NATURES HAMMOCK RD W 1445 MONTANA AVENUE Address: Address: JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SHELL, MARIE B Name: Name: 724 NATURES HAMMOCK RD W Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DODD, TIMOTHY H Name: Name: Address: 1445 MONTANA AVE. Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

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 01/30/2007