2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # 431605 1. Entity Name THE SHELL MAN, INC.					04-16-2004 90079 048 ***150.00		
		Mailing Address			ეჭემტიიი		
P.C. DATE		P-0-1017	T-200				
KEY LARGO, FL 33037		KEY LARGO, FL 33037-1917					
2. Principal Place of Business		3. Mailing Address 817 Ocean					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)	
City & State		City & State Key Largo,			3140	 	pplied For ot Applicable
Zip	Country	Zip 33037	Country USA	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
WADE IA	WRENCE W.	Name L	ouise U	Vade			
MILE MARKER 106			Street Add	ress (P.O. Box Number	er is Not Acceptable	e)	
KEY LARG	6O, FL 33037				vice proc.	-	
			City	1011/01/01		Zip Coo	de
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							
	ions of registered agent.	the perpose of changing to reg	isiorea amos ar n	egittered agom, or see	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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							
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	TICERS AND DIRECTOR	RS IN 11
TITLE	Р	☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	WADE, LOUISE P.O. BOX 1917		NAME STREET ADDRESS				
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP				
TITLE	VP	☐ Defete	TITLE			Change	Addition
NAME	CRISSEY, RENEE		NAME	000 000	na Block	cana Pd	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1917 KEY LARGO, FL 33037		STREET ADDRESS CITY-ST-ZIP	208 Oran	ige Store	プランフィ)	
TITLE	RET LANGO, FL 33037	☐ Delete	TIPLE	ia ver in	<u> </u>	☐ Change	☐ Addition
NAME		Li Delete	NAME	والسومان الراسو	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
~ STREET ADDRESS	, 		STREET ADDRESS				
CITY-ST-ZIP		<u></u>	CITY-ST-ZIP			Change	Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	cortify that the information supplied with	Note that the second se		d is Costion 110.07/2\	(i) Florida Statutas	I further contifu that the	information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jonie Hall Sewer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04