



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90079 048 \*\*\*150.00

<b>DOCUMENT # 431605</b> 1. Entity Name <b>THE SHELL MAN, INC.</b>					
Principal Place of Business <del>MIAMI BEACH, FL 33139</del> <b>KEY LARGO, FL 33037</b>			Mailing Address <del>MILE MARKER 106</del> <del>P.O. BOX 1917</del> <b>KEY LARGO, FL 33037-1917</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>817 Oceana Ave</b>  Suite, Apt. #, etc.			
City & State Key Largo, FL		City & State Key Largo, FL		4. FEI Number <b>59-1483140</b>	
Zip <b>33037</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WADE, LAWRENCE W.</b> <b>MILE MARKER 106</b> <b>KEY LARGO, FL 33037</b>			7. Name and Address of New Registered Agent Name <b>Louise Wade</b> Street Address (P.O. Box Number is Not Acceptable) <b>817 Oceana Ave</b>  City <b>Key Largo</b> <b>FL</b> Zip Code <b>33037</b>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WADE, LOUISE</b> <b>P.O. BOX 1917</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CRISSEY, RENEE</b> <b>P.O. BOX 1917</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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.					
<b>SIGNATURE: Louise Wade Lewis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-29-04</b> <small>Date</small>		<b>305-451-0863</b> <small>Daytime Phone #</small> <b>(0863)</b>