## **2007 FOR PROFIT CORPORATION**

## Jan 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** 01-18-2007 90134 001 \*\*\*300.00 **DOCUMENT #431605** 1. Entity Name THE SHELL MAN, INC. 66000176 Principal Place of Business Mailing Address 817 OCEANA ANT 817 OCEANA AVE KEY LARGO, FL 33037 US KEY LARGO, EL 33037 13371 OLS HWY. MARATHON 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1483140 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WADE, LOUISE DO NOT WRITE 817 OCEANA AVE KEY LARGO, FL 33037 IN THIS SPACE 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 acce the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WADE, LOUISE STREET ADDRESS P.O. BOX 1917 CITY-ST-ZIP KEY LARGO, FL 33037 TITLE CRISSEY, RENEE NAME 208 ORANGE BLOSSOM RD. STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070

## DO NOT WRITE IN THIS SPACE

**FILED** 

Applied For

Not Applicat

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

> 305-451-0863 1-12-07