## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Apr 27, 2005 08:00 AM Secretary of State

DOCL	IMENT#	483182
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1. Entity Name

SHELL CONSTRUCTION CO. OF PALM BEACH COUNTY



Principal Place of Business

4500 PGA BLVD

STE 207

WEST PALM BEACH, FL 33418

Mailing Address

4500 PGA BLVD

- STE 207

WEST PALM BEACH, FL 33418



01062005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1615110 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DIVOSTA, OTTO B. 4500 PGA BLVD STE 207 PALM BEACH GARDENS, FL 33418

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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 Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.	" <sub>□</sub>	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	,	<del></del>	U00000337205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURG, CLIFFORD F 4500 PGA BLVD #207 PALM BEACH GARDENS, FL 33418			•	04/27/05-80159-005 150.00	
TITLE MAME STREET ADDRESS CITY-SY-ZIP	D DIVOSTA, OTTO B. 4500 PGA BLVD #207 PALM BEACH GARDENS, FL 33418					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVOSTA, BETTY J. 4500 PGA BLVD #207 PALM BEACH GARDENS, FL 33418		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWEN JR, JACK B 4500 PGA BLVD #207 PALM BEACH GARDENS, FL 33418					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST - BRANDT, PHILLIP L 4500 PGA BLVD, STE 207 PALM BEACH GARDENS, FL 33418	2_				
TITLE NAME	-	•				

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 cath; that I am an officer or director of the corporation of 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DE

illio Brandt

3/31/05

561-691-9050

Daytime Phor