## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 498261** 

Entity Name: INVERNESS SHELL, INC.

INVERNESS, FL 34450

City-St-Zip:

FILED Apr 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3506 E GULF TO LAKE HWY P.O. BOX 425 INVERNESS, FL 344510425 US **Current Mailing Address: New Mailing Address:** PO BOX 425 INVERNESS, FL 344510425 US FEI Number: 59-1678527 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUTTS, MICHAEL EDWARD 4014 S BIG AL POINT INVERNESS, FL 34452 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: 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 BUTTS, MICHAEL EDWARD, Name: Name: 4014 S BIG AL POINT Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BUTTS, MARGARET GALLA, HER Name: Name: 410 W. MAIN ST. Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: MICHAEL EDWARD BUTTS PD 04/18/2005