

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90046 036 ***150.00

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1. Entity Name

SHELL WORLD OF THE FLORIDA KEYS, INC.



Principal Place of Business

U.S. #1 2ND AVENUE SOUTH
PO BOX 883
KEY LARGO, FL 33037

Mailing Address

U.S. #1 2ND AVENUE SOUTH
PO BOX 883
KEY LARGO, FL 33037

40019815



01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2145673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERMAN, JAMES H
97600 OVERSEAS HWY
KEY LARGO, FL 33037

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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 accept the obligations of registered agent.

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
WATERMAN, JAMES H
97600 OVERSEAS HWY
KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WATERMAN, JULIA
97600 OVERSEAS HWY
KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WATERMAN, ALCIRA
97600 OVERSEAS HWY
KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WATERMAN, ALYSON
97600 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #