


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90197 027 ***150.00

DOCUMENT # 637622 1. Entity Name SHEL-MAR, INC.	
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Principal Place of Business 5100 NORWOOD AVE JACKSONVILLE, FL 32208 US	Mailing Address 5100 NORWOOD AVE JACKSONVILLE, FL 32208 US
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DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1962873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEITELBAUM, SHELDON J.
5100 NORWOOD AVE
JACKSONVILLE, FL 32208

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEITELBAUM, SHELDON J 8154 MIDDLE FORK LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEITELBAUM, ANITA 8154 MIDDLE FORK LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TEILELBAUM, HOWARD P 8106 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TEITELBAUM, LANE A 8764 HAMPSHIRE GLEN DRIVE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 another like empowered.

SIGNATURE:  **1/10/06** **(904) 265-9266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #