


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G94942 1. Entity Name DARLENE'S SHELLS, INC.		
Principal Place of Business 1612 E. 20TH AVE. E PALMETTO, FL 34221	Mailing Address 1612 E. 20TH AVE. E PALMETTO, FL 34221	



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2423377	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 MCCORMICK, GEORGE & DARLENE MCCORMICK 1612 20TH AVENUE E. PALMETTO, FL 34221	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, GEORGE M. 1612 20TH AVENUE E. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCORMICK, DARLENE R. 1612 20TH AVENUE E. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAWANOWSKI, EDGAR 1612 20TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/06-80005-023 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/06

Date

941 7220402

Daytime Phone #