


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J08112		
1. Entity Name SHELL POINT RESORT, INC.		

Principal Place of Business 1541 SHELL POINT ROAD CRAWFORDVILLE, FL 32327 US	Mailing Address 322 MCDANIEL STREET TALLAHASSEE, FL 32303
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2. Principal Place of Business 322 McDaniel Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State
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Zip 32303	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
TAFF, BROWARD JR 322 MCDANIEL ST TALLAHASSEE, FL 32303	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: <i>Broward Taft Jr</i>	DATE: 4/18/06

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC TAFF, BROWARD JR 322 MCDANIEL STREET TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Broward Taft Jr</i>	CUSTODIAN / RECEIVER	DATE: 4/18/06	PHONE: (850) 224-2422
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FILED
06 APR 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2655134	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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05/01/06--01004--005 Chang ***150.00

K. Eckel APR 21 2006