

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90046 045 \*\*\*150.00

**DOCUMENT # J77669**

1. Entity Name  
**THE SHELL CORNER, INC.**



Principal Place of Business

**C/O KATHLEEN T WIEDMAN  
7205 ESTERO BLVD, SUITE 8  
FT. MYERS BEACH, FL 33931 US**

Mailing Address

**C/O KATHLEEN T WIEDMAN  
7205 ESTERO BLVD, SUITE 8  
FT. MYERS BEACH, FL 33931 US**

**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2807064**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WIEDMAN, KATHLEEN T  
7205 ESTERO BLVD  
SUITE 8  
FT. MYERS BEACH, FL 33931**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**PVST  
WIEDMAN, KATHLEEN T  
117 JEFFERSON ST.  
FORT MYERS BEACH, FL 33931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
WIEDMAN, KATHLEEN T.  
117 JEFFERSON ST.  
FT MYERS BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 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:** *Kathleen T Wiedman* **KATHLEEN T. WIEDMAN**

**1-7-06 (239) 463-4547**

Date

Daytime Phone #