




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6440-14  
**FILED**

**Apr 24, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # K36729</b> 1. Entity Name <b>SHELLS OF CASSELBERRY, INC.</b>			
Principal Place of Business <b>16313 N. DALE MABRY HWY. STE. 100 TAMPA, FL 33618</b>		Mailing Address <b>16313 N. DALE MABRY HWY. STE. 100 TAMPA, FL 33618</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04102007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2915045</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NELSON, WARREN 16313 NORTH DALE MABRY HWY, STE 100 TAMPA, FL 33618</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000728694 05/08/07-80010-001 2100.00</b>
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, W.R. 16313 N. DALE MABRY HWY, #100 TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTON, LESLIE 16313 N. DALE MABRY HWY, #100 TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATHMAN, GUY 16313 N. DALE MABRY HWY, #100 TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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			
<b>SIGNATURE:</b> 		<b>Warren R. Nelson</b> 4-11-07 813-961-0944 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	