


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

| | |
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| DOCUMENT # P00000091113 1. Entity Name SHELL POINT DEVELOPMENT CORPORATION |  |
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| Principal Place of Business SHELL POINT DEVELOPMENT 13901 SHELL POINT PLAZA FORT MYERS, FL 33908 | Mailing Address C/O SHELL POINT VILLAGE 15000 SHELL POINT BLVD STE 100 FORT MYERS, FL 33908 |
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 65-1046494 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DYS, PETER
15000 SHELL POINT BLVD.
FORT MYERS, FL 33908**

**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 _____

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|---|---|--|
| 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 | D DYS, PETER 15000 SHELL POINT BLVD. FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAYES, DENNIS 15000 SHELL POINT BLVD. FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAGE, PAUL 15000 SHELL POINT BLVD. FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U00000538911
05/09/06-80080-005 150.00

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:  **4/24/06** **239-454-2155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #