

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000069766	
1. Entity Name SHELLS OF BOCA, INC.	
Principal Place of Business 524 N. COUNTRY CLUB DR. ATLANTIS, FL 33462	Mailing Address 524 N. COUNTRY CLUB DR. ATLANTIS, FL 33462



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1123095	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
 NATALE, FRANK
 524 N. COUNTRY CLUB DR.
 ATLANTIS, FL 33462

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	100000157129 05/05/04-80014-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO NATALE, FRANK 524 N. COUNTRY CLUB DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD NATALE, ANN MARIE 524 N. COUNTRY CLUB DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NATALE, RUBY ANN 524 N. COUNTRY CLUB DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ann Marie Natale 4-30-04 V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #