

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90050 023 ***150.00

DOCUMENT # P03000079783

1. Entity Name

SHELL SYSTEMS, INC.



Principal Place of Business

5711 ASPEN RIDGE CIRCLE
DELRAY BEACH FL 33484

Mailing Address

5711 ASPEN RIDGE CIRCLE
DELRAY BEACH FL 33484

2. Principal Place of Business

551 NW 77th St

Suite, Apt. #, etc.

SUITE 109

City & State

BOCA RATON FL

Zip

33487

Country

Palm Bch

3. Mailing Address

551 NW 77th St

Suite, Apt. #, etc.

SUITE 109

City & State

BOCA RATON FL

Zip

33487

Country

Palm Bch



1st MOORE

CR2E034 (10/04)

4. FEI Number 20-0317945
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, DAVE
551 NW 77 STREET, SUITE 109
BOCA RATON FL 33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.8.05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PASSARIELLO, JOHN
STREET ADDRESS 6466 NW 5TH WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE P ☐ Delete
NAME WEBSTER, DAVE
STREET ADDRESS 5711 ASPEN RIDGE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.8.05 (501) 988-2117

Date

Daytime Phone #