

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90205 005 \*\*\*150.00

DOCUMENT # P04000043072

1. Entity Name  
SHELLS REALTY, INC.



Principal Place of Business  
207 CROSS STREET  
PUNTA GORDA, FL 33950

Mailing Address  
~~992 TAMiami TRAIL~~  
~~SUITE G-1~~  
PORT CHARLOTTE, FL 33953



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
207 CROSS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

City & State

City & State  
PUNTA GORDA, FL

4. FEI Number  
16-1694525

Applied For  
Not Applicable

Zip Country

Zip  
33950

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, ROBERT C  
~~992 TAMiami TRAIL~~  
SUITE G-1  
PORT CHARLOTTE, FL 33953

Name

Street Address (P.O. Box Number is Not Acceptable)

5053 OCEAN BLVD UNIT C

City

SARASOTA

FL

Zip Code

34242

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:

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
P  
MILIGAN, ROBERT  
STREET ADDRESS  
440 MEADOWLARK  
CITY-ST-ZIP  
SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
5053 OCEAN BLVD UNIT C  
STREET ADDRESS  
SARASOTA FL 34242 ☒ Change ☐ Addition

TITLE  
NAME  
VP,S  
MILLIGAN, SHLAINE  
STREET ADDRESS  
440 MEADOWLARK  
CITY-ST-ZIP  
SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
5053 OCEAN BLVD UNIT C  
STREET ADDRESS  
SARASOTA FL 34242 ☒ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

*[Signature]*

4/9/07

941-505-5009