


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90205 006 ***150.00

DOCUMENT # P04000043074 1. Entity Name SHELLS PROPERTY MANAGEMENT, INC.			
Principal Place of Business 992 TAMiami TRAIL C-1 PORT CHARLOTTE, FL 33953		Mailing Address 992 TAMiami TRAIL STE C-1 PORT CHARLOTTE, FL 33953	
2. Principal Place of Business - No P.O. Box # 207 CROSS ST		3. Mailing Address 207 CROSS ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PUNTA GORDA FL		City & State PUNTA GORDA FL	
Zip 33950		Zip 33950	
Country 		Country 	
6. Name and Address of Current Registered Agent MILLIGAN, ROBERT C 992 TAMiami TRAIL C-1 PORT CHARLOTTE, FL 33953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5053 OCEAN BLVD UNIT C City SARASOTA FL	
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.		4. FEI Number 16-1694528	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T MILLIGAN, ROBERT 440 MEADOWLARK SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5053 OCEAN BLVD UNIT C SARASOTA FL 34242
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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 _____

4/9/07

941-505-5009