

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000108504



1. Entity Name  
ROB SHELL, INC.

Principal Place of Business  
3749 GULF BREEZE PARKWAY, D-227  
GULF BREEZE, FL 32563

Mailing Address  
3749 GULF BREEZE PARKWAY, D-227  
GULF BREEZE, FL 32563

2. Principal Place of Business  
4108 Gulf Breeze Pkwy  
Suite, Apt. #, etc.  
1  
City & State  
Gulf Breeze, FL  
Zip 32563  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

6. Name and Address of Current Registered Agent  
MORRISON, SHELLIE C  
3749 GULF BREEZE PARKWAY, D-227  
GULF BREEZE, FL 32563

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: *Shellie C Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Mar 24, 2005 8:00 am  
Secretary of State**

03-24-2005 90034 023 \*\*\*150.00



03142005 Chg-P CR2E034 (10/03)

4. FEI Number  
74-3129642

Applied For  
Not Applicable

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

6. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)

City  
FL Zip Code

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.

DATE

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Trust Fund Contribution.  
 \$5.00 May Be  
Added to Fees

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

3749 Gulf Breeze Pkwy D-227  
Gulf Breeze, FL 32563

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

3/18/05 (850) 934-0111  
Date Daytime Phone #