

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000149438

1. Entity Name
DESIGNER SHELLS, INC.



FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
3049 NE 8 TH AVENUE
BOCA RATON, FL 33431

Mailing Address
758 LAKE WELLINGTON DR
WELLINGTON, FL 33414



09142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1847318	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

LUBBE, WESSEL J
758 LAKE WELLINGTON DR
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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)

U00000959831
09/12/08 80002 000 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUBBE, WESSEL J 758 LAKE WELLINGTON DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUBBE, BENITA 758 LAKE WELLINGTON DR WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Wessel J. Lubbe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/2008 (561) 305-9717
Date Daytime Phone #