

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P04000151333

1. Entity Name
C-SHELLS-3, INC.



Principal Place of Business
1163 KITTIWAKE CIRCLE
SANIBEL ISLAND, FL 33957

Mailing Address
1163 KITTIWAKE CIRCLE
SANIBEL ISLAND, FL 33957



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2455053

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOFFEE, ANNE
1163 KITTIWAKE CIRCLE
SANIBEL ISLAND, FL 33957

**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

Anne Joffe

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

(NOTE: Registered Agent signature required when reinstating)

March 13, 2007

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

TITLE D
NAME JOFFEE, ANNE
STREET ADDRESS 1163 KITTIWAKE CIRCLE
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE D
NAME WITTKOPF, HARLAN E
STREET ADDRESS 216 ROBINSON DR.
CITY-ST-ZIP ALGONA, IA 50511

TITLE D
NAME DANCE, S. PETER
STREET ADDRESS 83 WARWICK RD.
CITY-ST-ZIP CARLISLE CA1-EB UNITED KING.,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/04/07-80036-017 150.00

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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:

Anne Joffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07 239 4723151

Date

Daytime Phone #