

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6440-28  
**FILED**

**Apr 24, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P93000035309**

1. Entity Name  
**SHELLS OF DADE, INC.**



Principal Place of Business  
**7390 SW 117TH AVE  
MIAMI, FL 33183 US**

Mailing Address  
**16313 NORTH DALE MABRY HIGHWAY  
SUITE 100  
TAMPA, FL 33618**



04102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3198413** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NELSON, WARREN  
16313 NORTH DALE MABRY HWY, STE 100  
TAMPA, FL 33618**

**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)

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

U000000728700  
05/08/07-80010-001 2100.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTON, LESLIE 16313 N. DALE MABRY #100 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, WARREN 16313 N. DALE MABRY HWY, #100 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATHMAN, GUY 16313 N. DALE MABRY #100 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Warren R. Nelson*

*4-11-07*

Date

Daytime Phone #

*813-961-0944*