

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90265 001 *2,850.00

DOCUMENT # P93000035313

1. Entity Name
SHELLS OF BROWARD, INC.



Principal Place of Business

**2019 N UNIVERSITY DR
SUNRISE, FL 33322 US**

Mailing Address

**16313 N. DALE MABRY HWY.
SUITE 100
TAMPA, FL 33618**

00411010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3200180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **RITCHEY, JOHN**
STREET ADDRESS **16313 N. DALE MABRY HWY., SUITE 100**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **P** ☐ Change ☒ Addition
NAME **LESLIE CHRISTON**
STREET ADDRESS **16313 N. DALE MABRY #100**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **V** ☐ Delete
NAME **NELSON, WARREN R.**
STREET ADDRESS **16313 N. DALE MABRY HWY, #100**
CITY-ST-ZIP **TAMPA, FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **GUY KATHMAN**
STREET ADDRESS **16313 N. DALE MABRY**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Warren R. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04 813-961-0944