


70030

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 31
Apr 17, 2007 08:00 A
Secretary of State

DOCUMENT # P93000064914 1. Entity Name SHELLS OF MELBOURNE, INC.	
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Principal Place of Business 1490 W NEW HAVEN AVE MELBOURNE, FL 32901 US	Mailing Address 16313 N DALE MABRY HWY SUITE 100 TAMPA, FL 33618
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3199643	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000712703
04/26/07-80058-017 300.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WARREN R 16313 N DALE MABRY HWY, STE 100 TAMPA, FL
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	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:  Warren R. Nelson 4-11-07 813-961-0944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #