

**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.



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

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3199643

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**

U00000712703

04/26/07-80058-017 300.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME NELSON, WARREN R
STREET ADDRESS 16313 N DALE MABRY HWY, STE 100
CITY-ST-ZIP TAMPA, FL

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

TITLE VP
NAME KATHMAN, GUY
STREET ADDRESS 16313 N. DALE MABRY #100
CITY-ST-ZIP TAMPA, FL 33618

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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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

813-961-0944

Daytime Phone #