


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000014347	
1. Entity Name LAKEWOOD SHELL, INC.	

Principal Place of Business 5640 SAN JOSE BLVD. JACKSONVILLE, FL 32207	Mailing Address 5640 SAN JOSE BLVD. JACKSONVILLE, FL 32207
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02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3233536	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

**ELKINS, HAROLD
120 ST. JOHNS BLUFF RD, NO #4
JACKSONVILLE, FL 32225**

**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 *James P. Renfro* **JAMES P. RENFROE (904) 737-0655 03-15-04**
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**

**U00000089835
03/16/04-80005-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFROE, JAMES P 5640 SAN JOSE BLVD. JACKSONVILLE, FL 32207
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IN THIS SPACE**

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: *James P. Renfro* **JAMES P. RENFROE (904) 737-0655 03-15-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #