

# 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 # P94000085691**

1. Entity Name  
**SHELLS OF FORT MYERS, INC.**



Principal Place of Business  
**16313 NORTH DALE MABRY HIGHWAY  
SUITE 100  
TAMPA, FL 33618**

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

**66411823**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0559455**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**D  
NELSON, WARREN R.  
16313 N DALE MABRY HWY STE 100  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

**P  
LESLIE CHRISTON  
16313 N. DALE MABRY Hwy. STE 100  
TAMPA FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**VP  
RITCHEY, JOHN  
16313 NORTH DALE MABRY HWY, STE 100  
TAMPA, FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

**VP  
GUY KATHMAN  
16313 N. DALE MABRY Hwy STE 100  
TAMPA, FL 33618**

TITLE  
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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

*4-9-04*  
Date

*813-961-0944*  
Daytime Phone #