2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P94000085691

1. Entity Name

SHELLS OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
16313 NORTH DALE MABRY HIGHWAY SUITE 100 TAMPA FL 33618	16313 NORTH DALE MABRY HIGHWAY SUITE 100 TAMPA FL 33618

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/04)

4. FEI Number 65-0559455	Applied For / Not Applicab

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 accep 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, 2005 Fee Will Be $550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B: Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME NELSON, WARREN R. STREET ADDRESS 16313 N DALE MABRY HWY STE 100 CITY-ST-ZIP TAMPA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi...
TITLE P NAME CHRISTON, LESLIE STREET ADDRESS 16313 N. DALE MABRY STE. 100 CITY-ST-ZIP TAMPA FL 33618	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000239446 02/22/05-80045-001 2250.00	☐ Change ☐ Additio...
TITLE VP NAME KATHMAN, GUY STREET ADDRESS 16313 N. DALE MABRY STE. 100 CITY-ST-ZIP TAMPA FL 33618	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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_   2-18-05

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