


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000053751</b> 1. Entity Name <b>THE SHELF MAN, INC.</b>	
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Principal Place of Business <b>1502 NW 3RD STREET BOX 6 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>1502 NW 3RD STREET BOX 6 DEERFIELD BEACH, FL 33442</b>
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05012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0600154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

5. Name and Address of Current Registered Agent  <b>MANOR, CHARLES I 1502 NW 3RD STREET BOX 6 DEERFIELD BEACH, FL 33442</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Charles Manor* (NOTE: Registered Agent signature required when reinstating) DATE 4/30/04

<b>FILE NOW!!! FEE IS \$150</b> <del>Due by September 15, 2004</del>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD MANOR, ESTHER M 21592 GUADALAJARA AVE. BOCA RATON, FL 33433</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MANOR, CHARLES 1502 NW 3RD STREET, BOX 6 DEERFIELD BEACH, FL 33442</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/05/04-80042-015 155.00

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 *Charles Manor* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/30/04 Daytime Phone #