

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P96000044399

1. Entity Name
SOUTHERN SHELL INC.



Principal Place of Business
**8259 SOUTHEAST SANCTUARY DRIVE
HOBE SOUND, FL 33455 US**

Mailing Address
**8259 SOUTHEAST SANCTUARY DRIVE
HOBE SOUND, FL 33455 US**



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0681251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIBBS, RICHARD M
8259 SOUTHEAST SANCTUARY DRIVE
HOBE SOUND, FL 33455**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000000897441
04/21/08-80020-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIBBS, RICHARD M
STREET ADDRESS	8259 SOUTHEAST SANCTUARY DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	S
NAME	GIBBS, SUZANNE
STREET ADDRESS	8259 SOUTHEAST SANCTUARY DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

3/6/08

Date

561-714-3178

Daytime Phone #