

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90042 036 ***150.00

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02272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0382164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P97000030394

1. Entity Name
CALUSA SHELL CORP.

Principal Place of Business
**19200 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931**

Mailing Address
**19200 SAN CARLOS BLVD
SUITE 102
FORT MYERS BEACH, FL 33931**

2. Principal Place of Business
**16650 McGregor Blvd. Ste 103
Fort Myers, FL 33908-3844**

3. Mailing Address
**16650 MC GREGOR BOULEVARD
SUITE 103
FORT MYERS, FL 33908-3844**

City & State
USA

Zip
33908-3844

Country
USA

6. Name and Address of Current Registered Agent
**KEOHANE, MARIE E
19200 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931**

7. Name and Address of New Registered Agent

Name
Marie E. Keohane

Street
**16650 McGregor Blvd. Ste 103
Fort Myers, FL 33908-3844**

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 *Marie Keohane* DATE **3-18-04**

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KEOHANE, EDWARD L 19200 SAN CARLOS BLVD FT MYERS BEACH, FL 33931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KEOHANE, MARK W 19200 SAN CARLOS BLVD FT MYERS BEACH, FL 33931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEOHANE, MICHAEL S 19200 SAN CARLOS BLVD FT MYERS BEACH, FL 33931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	16650 McGregor Blvd. Ste 103 Fort Myers, FL 33908	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16650 McGregor Blvd. Ste 103 Fort Myers, FL 33908-3844	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEOHANE, MICHAEL S 16650 McGregor Blvd. Ste 103 Fort Myers, FL 33908-3844	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEOHANE, MARIE 16650 McGregor Blvd. Ste 103 Fort Myers, FL 33908-3844	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *Marie Keohane* **MARIE KEOHANE, PRES.** DATE **3/18/04** DAYTIME PHONE # **(239) 590-9990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR