

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P97000030394

1. Entity Name

CALUSA SHELL CORP.



Principal Place of Business

16650 MCGREGOR BLVD STE 103  
FORT MYERS FL 33908-3844

Mailing Address

16650 MCGREGOR BLVD STE 103  
FORT MYERS FL 33908-3844



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0382164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEOHANE, MARIE E  
16650 MCGREGOR BLVD STE 103  
FORT MYERS FL 33908-3844

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	KEOHANE, EDWARD L	
STREET ADDRESS	16650 MCGREGOR BLVD STE 103	
CITY- ST- ZIP	FORT MYERS FL 33908	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	KEOHANE, MARK W	
STREET ADDRESS	16650 MCGREGOR BLVD STE 103	
CITY- ST- ZIP	FORT MYERS FL 33908-3844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEOHANE, MICHAEL S	
STREET ADDRESS	16650 MCGREGOR BLVD STE 103	
CITY- ST- ZIP	FORT MYERS FL 33908-3844	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEOHANE, MARIE	
STREET ADDRESS	16650 MCGREGOR BLVD STE 103	
CITY- ST- ZIP	FORT MYERS FL 33908-3844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000338008  
04/28/05-80020-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

Date

Daytime Phone #

MARIE KEOHANE  
MARIE KEOHANE

4/25/05 (239) 590-9996