

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 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

6. Name and Address of Current Registered Agent KEOHANE, MARIE E 16650 MCGREGOR BLVD STE 103 FORT MYERS FL 33908-3844	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Marie E KEOHANE</i>	DATE <i>4-18-08</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P/D KEOHANE, EDWARD L 16650 MCGREGOR BLVD STE 103 FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete V/D KEOHANE, MARK W 16650 MCGREGOR BLVD STE 103 FORT MYERS FL 33908-3844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SD KEOHANE, MICHAEL S 16650 MCGREGOR BLVD STE 103 FORT MYERS FL 33908-3844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete T KEOHANE, MARIE 16650 MCGREGOR BLVD STE 103 FORT MYERS FL 33908-3844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D CORDERO, KARLENE A 16650 MCGREGOR BLVD., STE. 103 FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000935361 05/23/08-80069-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained in Section 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: <i>Marie KEOHANE</i>	Date <i>4-18-08</i> Daytime Phone # <i>239-590-9990</i>