


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 012 ***150.00

DOCUMENT # P98000061005

1. Entity Name
SHELL BAY, INC.



Principal Place of Business Mailing Address
4315 PABLO OAKS COURT, STE. 1 **4315 PABLO OAKS COURT, STE. 1**
JACKSONVILLE, FL 32224-9667 **JACKSONVILLE, FL 32224-9667**

40042000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3522114 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOKES, E. CHESTER JR 4315 PABLO OAKS CT., STE 1 JACKSONVILLE, FL 32224		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKES, E. CHESTER JR.			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUNKEL, JOHN C			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAREN, MICHAEL E			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, JOHN P			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDENHAGEN, SHARON W			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			
TITLE	VPSE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLM, MALLORY G			NAME			
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322249667			CITY-ST-ZIP			

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: John P. Moore John P. Moore 2/1/08 (904) 482-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #