

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # S50199

1. Entity Name
BOCA RATON SHELL SERVICE, INC.



Principal Place of Business
1930 N. FEDERAL HWY.
BOCA RATON, FL 33432

Mailing Address
1930 N. FEDERAL HWY.
BOCA RATON, FL 33432



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0261322 | 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

SACKTER, RICHARD J
6727 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446

**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 _____ (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

04/15/08-80027-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | PS |
| NAME | SACKTER, RICHARD |
| STREET ADDRESS | 6727 ROYAL ORCHID CIRCLE |
| CITY - ST - ZIP | DELRAY BEACH, FL |

| | |
|-----------------|----------------------|
| TITLE | VT |
| NAME | RUSSELL, BRICE |
| STREET ADDRESS | 1930 N. FEDERAL HWY. |
| CITY - ST - ZIP | BOCA RATON, FL |

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| STREET ADDRESS | |
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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

MAR - 2 2008

Date

561-368-4496

Daytime Phone #