

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90265 001 *2,850.00

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01082004 Chg-P CR2E034 (10/03)

DOCUMENT # S75695					
1. Entity Name SHELLS, INC.					
Principal Place of Business 16313 N. DALE MABRY HIGHWAY SUITE 100 TAMPA, FL 33618			Mailing Address 16313 N. DALE MABRY HIGHWAY SUITE 100 TAMPA, FL 33618		
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 59-3106541	
				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			7. Name and Address of New Registered Agent		
NELSON, WARREN R 1613 N DALE MABRY HWY STE 100 TAMPA, FL 33618			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEAD, DAVID		NAME	LESLIE CHRISTON	
STREET ADDRESS	16313 NORTH DALE MABRY HWY, STE 100		STREET ADDRESS	16313 N. DALE MABRY HWY STE 100	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITCHEY, JOHN		NAME	GUY KATHMAN	
STREET ADDRESS	16313 NORTH DALE MABRY HWY, STE 100		STREET ADDRESS	16313 N. DALE MABRY HWY STE 100	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WARREN R.		NAME		
STREET ADDRESS	16313 N. DALE MABRY HWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Warren R. Nelson</u>		Date: <u>4-9-04</u>		Telephone: <u>813-961-0944</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone	