

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S75695

1. Entity Name
SHELLS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 PM 2:46

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3106541

Applied For
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

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME ~~CHRISTON, LESLIE~~
STREET ADDRESS
CITY-ST-ZIP
16313 NORTH DALE MABRY HWY, STE 100
TAMPA, FL 33618

TITLE ☐ Delete
NAME VP
KATHMAN, GUY
STREET ADDRESS
CITY-ST-ZIP
16313 NORTH DALE MABRY HWY, STE 100
TAMPA, FL 33618

TITLE ☒ Delete
NAME NELSON, WARREN R.
STREET ADDRESS
CITY-ST-ZIP
16313 N. DALE MABRY HWY
TAMPA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME CEO
BERNSTEIN, MARC
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME P, CFO
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600125760256
04/25/08--01002--018 **2100.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
B 5/7/08

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

Warren R. Nelson

5-5-08

Date

813-961-0944

Daytime Phone #