

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030394

Entity Name: CALUSA SHELL CORP.**Current Principal Place of Business:**16650 MCGREGOR BLVD.
STE. 103
FORT MYERS, FL 33908-3844**Current Mailing Address:**16650 MCGREGOR BLVD.
STE. 103
FORT MYERS, FL 33908 38**FEI Number:** 65-0382164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEOHANE, MARIE E
16650 MCGREGOR BLVD.
STE. 103
FORT MYERS, FL 33908-3844 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	KEOHANE, EDWARD L
Address	16650 MCGREGOR BLVD STE 103
City-State-Zip:	FORT MYERS FL 33908

Title	V/D
Name	KEOHANE, MICHAEL S
Address	16650 MCGREGOR BLVD STE 103
City-State-Zip:	FORT MYERS FL 33908-3844

Title	STD
Name	KEOHANE, MARIE E
Address	16650 MCGREGOR BLVD STE 103
City-State-Zip:	FORT MYERS FL 33908-3844

Title	D
Name	CORDERO, KARLENE A
Address	16650 MCGREGOR BLVD STE 103
City-State-Zip:	FORT MYERS FL 33908-3844

Title	DIRECTOR
Name	KEOHANE, MARK W
Address	16650 MCGREGOR BLVD. STE. 103
City-State-Zip:	FORT MYERS FL 33908

Title	DIRECTOR
Name	KEOHANE, EDWARD S
Address	16650 MCGREGOR BLVD. STE. 103
City-State-Zip:	FORT MYERS FL 33908-3844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE KEOHANE

D

03/30/2020

Electronic Signature of Signing Officer/Director Detail_____
Date