


**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT (AR)**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90014 013 ***150.00

DOCUMENT # 628901
1. Entity Name
SHARON CHADWICK VESSEL DOCUMENTATION, INC.



Principal Place of Business Mailing Address
2170 S.E. 17TH ST. 2170 S.E. 17TH ST.
SUITE 301 SUITE 301
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
777 S.E. 20th ST. 777 S.E. 20th ST.
Suite, Apt. #, etc. # 260 Suite, Apt. #, etc. # 260

1st MOORE CR2E034 (10/06)

City & State City & State
Ft. Lauderdale, Fl. Ft. Lauderdale, Fl.
Zip Country Zip Country
33316 BROWARD 33316 BROWARD

4. FEI Number 59-1933444 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CHADWICK, SHARON M
HC 61 BOX 41-F
CLEWISTON FL 33440

7. Name and Address of New Registered Agent
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 *Sharon M. Chadwick - R/A-PRES.* DATE 3/14/07
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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHADWICK, SHARON M HC 61 BOX 41-F CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sharon M Chadwick* SHARON M. CHADWICK - Pres. 3/14/07 954/462-8971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #