2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #843315

FILED Feb 07, 2006 8:00 am Secretary of State 02-07-2006 90018 030 ***150.00

(904) 355-8311

1-30-66

Principal Place of Business	1. Entity Name COMMODORES POINT TERMINAL CORP.								02 07 2000	, , , , , , , , , , , , , , , , , , ,	.50 150	
Suite, Apt. #, etc.	1010 E ADAMS ST			1010 E ADAMS ST				quui	JJUUV			
City & State Country Country Country So Contilicate of Status Desired So Country So Contilicate of Status Desired So Country So Contilicate of Status Desired So Contilicate of Status Desired So Country So Contilicate of Status Desired So Country Name And Address of New Registered Agent Name Sored Address of New Registered Agent To Name and Address of New Registered Agent Name Sored Address of New Registered Agent To Name and Address of New Registered Agent Normo Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Poolds. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of registered agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of Registered Agent, or both, in the State of Florids. I am familiar with, and accept the childpatton of Registered Agent, or both, in the State of Fl	2. Principal Place of Business			3. Mailing Address								
Signature Sign	Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182006	Chg-P	CR2E	034 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity automits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flo	City & State			City & State								·
Mamo Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip	у	5 Certificate of Status Desired \$8.75 Additional						
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current R											
ELANTATION, FL 3324 City FL Zip Code												
B. 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 SADORANA SIGNATURE SIGNATURE SIGNATURE SIGNATURE SADORANA SIGNATURE SIGNATURE SIGNATURE SADORANA SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SADORANA SIGNATURE SIGNA				Stre			ddress (F	P.O. Box Numb	er is Not Acceptab	ole) 		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu						City Zip Code						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE VDS HERTLE, CAROL 1010 E ADAMS ST CITY-ST-2P TITLE VT SHIELDS, DAVID R SHEEL ADORESS CITY-ST-2P TITLE UNAWE SIREET ADORESS CITY-ST-2P TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 Delete TITLE UNDEPENDENT DIR STE 1600 JACKSONVILLE, FL 32202 TITLE UNDEPENDENT DIR STE 1600 JACK	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											
### Signature, hyped or primad name of registered agent and title if applicable. (NOTE Registered Agent signature required when revisating) #### FILE NOW!!! FEE IS \$150.00 #### Added to Fees 10.	the obligations of registered agent.											
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE VS	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
TITLE NAME NAME OCITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	FIL After Ma	E NOWIII FEE IS \$ ay 1, 2006 Fee wil	150.00 I be \$550.00								•	
NAME SITRET ADDRESS CITY-ST-ZIP ITILE VT SHELDS, DAVID R SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL TILE SHEED ADAMS ST JACKSONVILLE, FL TILE NAME SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE CDP LOVETT, RADFORD D. SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME POPE, DELORIS H 1010 E ADAMS ST JACKSONVILLE, FL 32202 TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Addition	10.	•	FICERS AND DIRE	CTORS			ADDITIONS	CHANGES TO OF	FICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREE	NAME STREET ADDRESS	HERTLE, CAROL 1010 E ADAMS ST		NAME Street		T ADORESS	TAC	i evy 1 1 1	1F r. 3	<u> </u>	•	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE CDP LOVETT, RADFORD D. 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 TITLE NAME LOVETT, RADFORD D. 1 INDEPENDENT DR STE 1600 OTTY-ST-ZIP TITLE NAME COVETT, RADFORD D. 1 INDEPENDENT DR STE 1600 OTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TI		 				D1 E11		~~~		2000		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	name Street address	1 INDEPENDENT D		La boloto	name Stree	T ADDRESS					_ shange	
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	LOVETT, RADFORD 1 INDEPENDENT D	R STE 1600	☐ Delete	NAME STREE	:					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	AS POPE, DELORIS H 1010 E ADAMS ST		XX Delete	name Stree	T ADDRESS	AS BEI	L, LET OE AD CKSONI	ESHIA AMS STI	D. REET	Change	Addition
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAME STREE	1 ADORESS	- 				☐ Change	Addition
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 each; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			- H-10-10-11	NAME STREE CITY-S	T ADDRESS ST-ZIP						

THE STATE OF THE S

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

CAROL B. HERTLE, EXEC. V.P., DIRECTOR