

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135689

FILED
Apr 21, 2008
Secretary of State

Entity Name: FAMILY SHIPPING & MORE, INC

Current Principal Place of Business:

5327 TIMUQUANA RD
183
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5327 TIMUQUANA RD
183
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAAC, RONEL
5327 TIMUQUANA RD
183
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISAAC, RONEL
Address: 5327 TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISAAC, RONEL
Address: 5327 TIMUQUANA RD #183
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Change (X) Addition
Name: ISAAC, PHIGENIE
Address: 5327 TIMUQUANA RD #183
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHIGENIE ISAAC

VP

04/21/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date