


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90048 006 ***150.00

DOCUMENT # P96000094368
 1. Entity Name
MARITIME FREIGHT SYSTEMS, INC.



Principal Place of Business: **5800 LEESWAY BLVD. PENSACOLA FL 32504**
 Mailing Address: **5800 LEESWAY BLVD. PENSACOLA FL 32504**

24010040



MOORE CR2E034 (11/03)

2. Principal Place of Business: **8800 ELY ROAD**
 Suite, Apt. #, etc.

3. Mailing Address: **8800 ELY ROAD**
 Suite, Apt. #, etc.

City & State: **PENSACOLA, FLA.**
 Zip: **32514** Country: **USA**

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 Zip: **32514** Country: **USA**

4. FEI Number: **59-3414060**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SADLER, TERESA G
5800 LEESWAY BLVD.
PENSACOLA FL 32504

7. Name and Address of New Registered Agent
 Name: **SADLER, TERESA G.**
 Street Address (P.O. Box Number is Not Acceptable):
903 LARGO DRIVE
 City: **PENSACOLA BEACH** FL Zip Code: **32561**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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: PCEO	<input type="checkbox"/> Delete
NAME: SADLER, TERESA G	
STREET ADDRESS: 5800 LEESWAY BLVD.	
CITY-ST-ZIP: PENSACOLA FL 32504	
TITLE: V	<input type="checkbox"/> Delete
NAME: SADLER, WILLIAM H III	
STREET ADDRESS: 5800 LEESWAY BLVD.	
CITY-ST-ZIP: PENSACOLA FL 32504	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SADLER, TERESA G.	
STREET ADDRESS: 903 LARGO DRIVE	
CITY-ST-ZIP: PENSACOLA BEACH, FLA 32561	
TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SADLER, WILLIAM III	
STREET ADDRESS: 903 LARGO DRIVE	
CITY-ST-ZIP: PENSACOLA BEACH, FLA 32561	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WHSadler III WHSadler III Date: 2/24/04 Daytime Phone #: 850-982-0364