

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90030 003 \*\*\*150.00

**60000798**



01062006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000094368			
1. Entity Name MARITIME FREIGHT SYSTEMS, INC.			
Principal Place of Business 8800 ELY RD. PENSACOLA, FL 32514		Mailing Address 8800 ELY RD. PENSACOLA, FL 32514	
2. Principal Place of Business 903 LARGO DRIVE Suite, Apt. #, etc.		3. Mailing Address 903 LARGO DRIVE Suite, Apt. #, etc.	
City & State GULF BREEZE, FLORIDA		City & State GULF BREEZE, FLORIDA	
Zip 32561	Country USA	Zip 32561	Country USA
4. FEI Number 59-3414060		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SADLER, TERESA G 903 LARGO DR. GULF BREEZE, FL 32561		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SADLER, TERESA G 903 LARGO DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SADLER, WILLIAM H III 903 LARGO DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 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: <u>William H. Sadler III</u>		Date: <u>1-6-2006</u>	Daytime Phone #: <u>850-982-0364</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #