

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 040 ***150.00

DOCUMENT # P01000059772					
1. Entity Name FEDERAL PORT CORPORATION					
Principal Place of Business 2300 S. DOCK ST. PALMETTO, FL 34221			Mailing Address 2300 S. DOCK ST. PALMETTO, FL 34221		
2. Principal Place of Business - No P.O. Box # 2300 SOUTH DOCK ST.		3. Mailing Address 2300 SOUTH DOCK ST.			
Suite, Apt. #, etc. STE - 105		Suite, Apt. #, etc. STE - 105			
City & State PALMETTO, FL		City & State PALMETTO, FL		4. FEI Number 65-1113246	
Zip 34221		Country US		Applied For Not Applicable	
Zip 34221		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIGGS, STANLEY A 2300 SOUTH DOCK ST PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name <u>STANLEY A. RIGGS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 SOUTH DOCK ST., STE 105</u> City <u>PALMETTO</u> FL <u>34221</u>		
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 <u>[Signature]</u> DATE <u>1-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RIGGS, STANLEY A 2300 S. DOCK ST. PALMETTO, FL 34221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P STANLEY A. RIGGS 2300 SOUTH DOCK ST. - STE 105 PALMETTO, FL 34221	<input checked="" 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>[Signature]</u>			Date <u>1-17-08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		