

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 575073

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA SHIPYARDS, INC.

**Current Principal Place of Business:**

2060 E ADAMS STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

2060 EAST ADAMS STREET  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

2060 E ADAMS STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

P. O. BOX 3255  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-1828951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNN, ANNA L.  
2060 E. ADAMS ST.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

DUNN, ANNA L.  
2060 EAST ADAMS STREET  
JACKSONVILLE, FL 32202 US

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: ANNA L. DUNN

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: DUNN, ANNA L  
Address: 2060 EAST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: ANNA L. DUNN

DS

02/03/2011

Electronic Signature of Signing Officer or Director

Date