2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 724881

Entity Name: SOUTHEAST SHIPYARD ASSOCIATION, INC.

Current Principal Place of Business:

265 S WATER ST,
ATTN: HARVEY WALPERT
MOBILE, AL 36603 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42
ATTN: HARVEY WALPERT
MOBILE, AL 36601 US

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

FEI Number: 23-7376750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWIN, JAMES W.
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GOODWIN, JAMES W ESQ.
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: JAMES W. GOODWIN 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CROUSHORE, BRUCE J.
Address: 265 S. WATER ST.
City-St-Zip: MOBILE, AL

Title: PD ( ) Delete
Name: WALPERT, HARVEY
Address: 265 S WATER STREET
City-St-Zip: MOBILE, AL 36603

Title: VD ( ) Delete
Name: D. LOY STEWARD,
Address: RT 2 BOX 180
City-St-Zip: MT. PLEASANT, SC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY WALPERT P 04/22/2008
Electronic Signature of Signing Officer or Director Date