

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001395

Entity Name: WESTPORT SHIPYARD, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1807 NYHUS STREET
WESTPORT, WA 98595

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 308
WESTPORT, WA 98595

New Mailing Address:

FEI Number: 91-1011690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE & COMPANY, P.A.
355 ALHAMBRA CIR
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TRIGGS, JULIE
Address: 1807 NANCY LN
City-St-Zip: PORT ANGELES, WA 98362

Title: T () Delete
Name: STIPIE, JOSEPH P
Address: 625 BEL AIRE AVE
City-St-Zip: ABERDEEN, WA 98520

Title: D () Delete
Name: WELK, MARY
Address: 4116 226TH PL NE
City-St-Zip: ARLINGTON, WA 98223

Title: PD () Delete
Name: WAKEFIELD, DARYL P
Address: 592 SUNSET HEIGHTS DRIVE
City-St-Zip: PORT ANGELES, WA 98363

Title: D () Delete
Name: THOMPSON, JACK
Address: 423 1/2 EAST HERON STREET
City-St-Zip: ABERDEEN, WA 98520

Title: D (X) Delete
Name: PURCELL, PHIL
Address: 2957 ST RD 84
City-St-Zip: FORT LAUDERDALE, FL 333312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLSON, TAYLOR
Address: 637 MARINE DRIVE
City-St-Zip: PORT ANGELES, WA 98362

Title: STD (X) Change () Addition
Name: STIPIE, JOSEPH P
Address: 625 BEL AIRE AVE
City-St-Zip: ABERDEEN, WA 98520

Title: D (X) Change () Addition
Name: EDSON, JOHN M
Address: 252 JAMESTOWN BEACH LANE
City-St-Zip: SEQUIM, WA 98382

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

Title: D VP (X) Change () Addition
Name: PURCELL, PHIL
Address: 2957 STATE RD 84
City-St-Zip: FORT LAUDERDALE, FL 33312

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

SIGNATURE: JOSEPH P. STIPIE

S T

04/21/2009

Electronic Signature of Signing Officer or Director

Date