

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 049 ***150.00

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1. Entity Name
TROPICAL SHIPPING, INC.



Principal Place of Business
**4 EAST PORT ROAD
RIVIERA BEACH, FL 33404**

Mailing Address
**4 EAST PORT ROAD
RIVIERA BEACH, FL 33404**

50002501



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0157054

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURRELL, RICHARD
STREET ADDRESS 4 EAST PORT ROAD
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE VSTD
NAME BLACK, THOMAS M
STREET ADDRESS 4 EAST PORT ROAD
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE CD
NAME STROBEL, RUSS S M
STREET ADDRESS 1844 FERRY ROAD
CITY-ST-ZIP NAPERVILLE, IL 60563

TITLE D
NAME CHAPMAN, R. MARK
STREET ADDRESS 4 EAST PORT ROAD
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Ruben Spinrad, Assistant Secretary

561-840-2853