

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005141

1. Entity Name
SHIPPING CORPORATION OF AMERICA



Principal Place of Business
**C/O JORDON STEINBERG
2800 N. OCEAN DR. # A-7A
SUPER ISLAND FL 33404**

Mailing Address
**C/O JORDON STEINBERG
2800 N. OCEAN DR. # A-7A
SUPER ISLAND FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04-2624294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINBERG, JORDAN H
2800 N. OCEAN DR., A-7A
SINGER ISLAND FL 33404**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTDT
STEINBERG, JORDAN H
2800 N. OCEAN DR.
SINGER ISLAND FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**000000061293
02/23/04-80074-019 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
STEINBERG, TOBY R
2800 N. OCEAN DR.
SINGER ISLAND FL** ☐ Delete

TITLE
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☐ Change ☐ Addition

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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 *Jordan H Steinberg* **JORDAN H STEINBERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/04