

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90220 026 \*\*\*150.00

**DOCUMENT # G68598**

1. Entity Name  
**SEALIFT TERMINALS, INC.**



Principal Place of Business  
**3971 DOCTORS LAKE DR  
ORANGE PARK, FL 32065 US**

Mailing Address  
**4443 HERSCHEL ST  
JACKSONVILLE, FL 32210 US**

**14007815**

**( G 6 8 5 9 8 = = = = = P )**

2. Principal Place of Business

3. Mailing Address

**3971 Doctors Lake Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005

Chg-P

CR2E034 (10/03)

City & State

City & State

**Orange Park, FL**

4. FEI Number

**59-2396872**

Applied For

Not Applicable

Zip

Country

Zip

**32065**

Country

**US**

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

**BURGSTINER, W A III  
3971 DOCTORS LAKE DR  
ORANGE PARK, FL 32065**

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 **X**

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

**W.A. Burgstiner, III**

(NOTE: Registered Agent signature required when reinstating)

**4-22-05**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BURGSTINER, WILLIAM A, JR**  
STREET ADDRESS **3971 DOCTORS LAKE DR**  
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **VANTASSEL, CHARLES**  
STREET ADDRESS **1500 N. POST OAK DR.#140**  
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **VANTASSEL, CHARLES**  
STREET ADDRESS **1500 N. POST OAK DR.#140**  
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W.A. Burgstiner, III**

Date

Daytime Phone #

**4-22-05**

**904-215-3336**