

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-27-2004 90014 021 ***150.00

DOCUMENT # H16389

1. Entity Name
PORT CANAVERAL STEVEDORING, INC.



Principal Place of Business
**9025 N ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US**

Mailing Address
**PO BOX 572
CAPE CANAVERAL, FL 32920 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2522401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, RHONDA A
400 HARBOUR DRIVE
CAPE CANAVERAL, FL 32920**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
LEE, PATRICK T.
STREET ADDRESS
400 HARBOR DRIVE
CITY - ST - ZIP
CAPE CANAVERAL, FL 32920

TITLE
V
NAME
ALLEN, JEFFREY B
STREET ADDRESS
242 HARBOR DR.
CITY - ST - ZIP
CAPE CANAVERAL, FL

TITLE
S
NAME
GAUSE, BETTY J.
STREET ADDRESS
5491 ORANGE AVE
CITY - ST - ZIP
SANFORD, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Rhonda Lee

Rhonda Lee

3/24/04

321-783-9623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Betty J. Gause, Secretary

3/05/04