

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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**



01042005 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 <input type="checkbox"/>	\$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]
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

U000000263342
03/14/05-80074-015 150.00

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)(f), 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 empowers.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05 321-783-9623
Date Daytime Phone #