

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25263

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: NORTH FLORIDA SHIPPING, INC.

## Current Principal Place of Business:

2661 BAILEY RD  
FERNANDINA BEACH, FL 32034 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1565  
FERNANDINA BEACH, FL 32035 US

## New Mailing Address:

FEI Number: 59-2697432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISHOP, ROBIN K  
2661 BAILEY RD  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DD ( ) Delete  
Name: WHITE, JOHN  
Address: 14 PAR LA VILLE PAR LA VILLE PLACE  
City-St-Zip: HAMILTON, BE

Title: D ( ) Delete  
Name: DE RUITER, MAARTEN L  
Address: 19 RECTOR STREET SUTE 2803  
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete  
Name: LEWIS, ROBERT S  
Address: 14 PAR LA VILLE PAR LA VILLE PLACE  
City-St-Zip: HAMILTON, BE

Title: D ( ) Delete  
Name: FARGE, ROGER  
Address: 14 PAR LA VILLE PAR LA VILLEPLACE  
City-St-Zip: HAMILTON, BE

Title: D ( ) Delete  
Name: BISHOP, ROBIN K  
Address: 3622 SHAWNEE SHORE DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST ( ) Delete  
Name: HAZARD, PATRICIA  
Address: 1261 BLACKMON RD.  
City-St-Zip: YULEE, FL 32097

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN K. BISHOP

MGR

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date