

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90004 006 ***150.00

DOCUMENT # K29763

1. Entity Name
FILLETTE, GREEN SHIPPING, INC.



Principal Place of Business
3333 W KENNEDY BLVD
#207
TAMPA, FL 33609 US

Mailing Address
3333 W KENNEDY BLVD
#207
TAMPA, FL 33609 US

40045571



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-0241810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEIGELFELD, ALLEN VON
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PUNDSACK, ROBERT N. ☐ Delete
STREET ADDRESS 3333 W KENNEDY BLVD #207
CITY-ST-ZIP TAMPA, FL 33609

TITLE SD
NAME SPIEGELFELD, ALLEN VON ☐ Delete
STREET ADDRESS 501 E. KENNEDY BLVD, SUITE 1700
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME CHRISTIAN PUNDSACK
STREET ADDRESS 3333 W. KENNEDY BLVD. SUITE 207
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Change ☒ Addition
NAME CLIFTON ST. PIERRE
STREET ADDRESS 10656 HWY 23 SOUTH BLDG #2
CITY-ST-ZIP BELLE CHASE LA 70037

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT N. PUNDSACK

3/2/07

Date

813 348 1481

Daytime Phone #