## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K43485

1. Entity Name GOODRICH SEA TRANSPORTATION, INC.

Principal Place of Business

SIGNATURE: العط

% Alley, Maass, Rogers & Lindsey, P.A. 321 Royal Poinciana Plaza Palm Beach, Fl. 33480 Mailing Address

C/O STUART J. HAFT, ESQ P.O. BOX 431 PALM BEACH, FL 33480-4019 FILED
•Feb 04, 2005 08:00 AM
Secretary of State



CR2E034 (10/03)

\$8.75 Additional

Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	•		•
4.	FEI Number 65-0082719		Applied For
		_	Not Applicable

1/19/2005

Daylime Phone #

5. Certificate of Status Desired

No Chg-P

01102005

NRAI SERVICES, INC. 526 E. PARK AVENUE	 DO NOT WRITE
TALLAHASSEE, FL 32301	IN THIS SPACE

		114	IIIIO OI AOL				
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRE	ECTORS						
TITLE PD NAME CLARK, STANLEY L STREET ADDRESS 265 BLUE RIDGE ROAD CITY-SI-ZIP NORTH ANDOVER, MA 01845			02/04/05-80017-018 150.00				
TITLE TD  NAME HINES, EDWARD F., JR.  STREET ADDRESS 63 SALEM STREET  CITY-SI-ZIP ANDOVER, MA 01810							
TITLE AS NAME MAASS, ROBB R STREET ADDRESS 321 ROYAL POINCIANA PLAZA CITY-ST-ZIP PALM BCH., FL		DO	NOT WRITE				
NAME S STREET ADDRESS 20 BELLAIRE ROAD BOSTON, MA 02131		in.	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or fustee empower changed, or on an attachment with an address, with	ifiling does not qualify for the exeme and accurate and that my signature to execute this report as require all other like empowered.	ption stated in Section 119.07(3) tre shall have the same legal effe td by Chapter 607, Florida Statut	(f), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if				