

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 021 ***150.00

DOCUMENT # K43678

1. Entity Name

FLORIDA NORTHERN RAILROAD COMPANY, INC.



Principal Place of Business

3001 ORANGE AVENUE
PLYMOUTH FL 32768
US

Mailing Address

53 SOUTHAMPTON RD
WESTFIELD MA 01085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3026852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	SILVER, MARJORIE P.	
STREET ADDRESS	1065 PARK AVE 20A	
CITY-ST-ZIP	NEW YORK NY 10128-1001	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	LEVINE, JOHN P.	
STREET ADDRESS	1157 FLORENCE RD	
CITY-ST-ZIP	NORTHAMPTON MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT G	
STREET ADDRESS	1065 PARK AVE 20A	
CITY-ST-ZIP	NEW YORK NY 10128-1001	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILLER, J NICHOLAS ESQ	
STREET ADDRESS	455 MATHEWS RD	
CITY-ST-ZIP	CONWAY MA 01341	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REED, JOHN	
STREET ADDRESS	260 N ELM ST	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAPLANTE, L DOUGLAS	
STREET ADDRESS	SOVEREIGN BANK 1350 MAIN ST	
CITY-ST-ZIP	SPRINGFIELD MA 01103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John P. Levine

John P. Levine, President

2/5/04

(413) 568-6426

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #