

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

**FILED
Mar 28, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3026852	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

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

**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, 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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SILVER, MARJORIE P.
STREET ADDRESS 1065 PARK AVE 20A
CITY-ST-ZIP NEW YORK, NY 101281001

TITLE PSTD
NAME LEVINE, JOHN P.
STREET ADDRESS 1157 FLORENCE RD
CITY-ST-ZIP NORTHAMPTON, MA

TITLE D
NAME FILLER, J NICHOLAS ESQ
STREET ADDRESS 455 MATHEWS RD
CITY-ST-ZIP CONWAY, MA 01341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

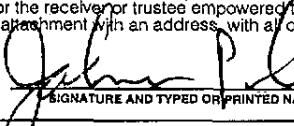
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04-3026852
03-28/05-30042-009 150.00

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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)(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, President** **3/22/05 (413) 568-6426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #