

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3026852

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

150000-278831
05-28/05-30042-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **3/22/05 (413) 568-6426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #