## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # M93716 1. Entity Name SHIPS-N-TRIPS, INC. Principal Place of Business Mailing Address 1251 PINEHURST RD #102 1251 PINEHURST RD #102 DUNEDIN FL 34698 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2910698 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, WILLIAM M. Street Address (P.O. Box Number is Not Acceptable) 1999 GOLF VIEW DR. **DUNEDIN FL 34698** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE nm c Change Addition Delete NAME GRAY, WILLIAM M. NAME 1999 GOLFVIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CHY-SI-7P 🗆 Delete Addition TITLE DELE Change NAME GRAY, KRISTEN K. NAME U00000288896 1999 GOLFVIEW DR. STREET ABOREDS STREET ADDRESS 04/06/05-80004-003 150.00 CITY-ST-ZIP **DUNEDIN FL 34698** CHY-ST-7IF ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS GUY-SI-ZIP CITY - ST - ZIP 11116 TOTAL ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Addition THEF ☐ Delete ☐ Change NAME STREET ADDRESS SIREEI ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS

CHY-SI-7P

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.

Kristen K. Gra

CITY-ST-ZIP

SIGNATURE:

**FILED**