
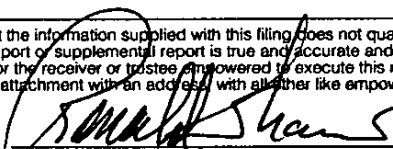


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90297 003 \*\*\*\*61.25

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # N01000005903</b><br>1. Entity Name<br>USS LONG BEACH CGN9 ASSOCIATION,<br>INCORPORATED   |  |   |  |         |   |
| Principal Place of Business<br>1113 SHADOW WOOD COURT<br>LAKELAND, FL 33813-3645   |  |   | Mailing Address<br>1113 SHADOW WOOD COURT<br>LAKELAND, FL 33813-3645   |  |   |
| 2. Principal Place of Business<br>11486 113 Rd<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>PO Box 1482<br>Suite, Apt. #, etc.                            |  |  |   |
| City & State<br>LIVE OAK FL<br>Zip<br>32060  |  | City & State<br>LIVE OAK FL<br>Zip<br>32064-1482                                    |  | 4. FEI Number<br>14-6328880<br>Applied For<br><input type="checkbox"/> Not Applicable    |   |
| Country<br>U.S.  |  | Country<br>U.S.   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br><br>SHAW, RONALD<br>1113 SHADOW WOOD COURT<br>LAKELAND, FL 33813-3645   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |   |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SHADE, DONALD L<br>251 PATTERSON RD., #G31<br>HAINEES CITY, FL 338447838 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>GOWERS, NORM<br>2650 S.E. 147TH AVENUE<br>MORRISTON, FL 32381            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>SHAW, RONALD<br>1113 SHADOW WOOD COURT<br>LAKELAND, FL 338133645        | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>SHAW, RONALD<br>11486 113 Rd<br>LIVE OAK FL 32064-1482<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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 617, 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. |  |   |  |  |   |
| <b>SIGNATURE:</b>   |  |   | 04/14/05 (386) 364-2917<br>Date Daytime Phone #  |  |   |