


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004389</b> 1. Entity Name FLORIDA SEAPORTS COUNCIL, INC.	
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Principal Place of Business 502 E JEFFERSON ST TALLAHASSEE, FL 32301	Mailing Address 502 E JEFFERSON ST TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3267382	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LACAPRA, JOHN R 502 E JEFFERSON ST TALLAHASSEE, FL 32301
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**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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC STUBBS, WAYNE 5321 W HIGHWAY 98 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACAPRA, JOHN R. 502 E. JEFFERSON ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCDONALD, DAVID L 300 TAMPA BAY WAY STE. 1 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000937483  
05/27/08-80051-006 183.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**  **John R. LaCapra** **2/20/08** **850-272-8028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #