2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# P00000035718

Entity Name: SOPHLEX SHIP MANAGEMENT, INC.

Current Principal Place of Business:

723 NORTH UPPER BROADWAY
501
CORPUS CHRISTI, TX 78401 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2421
CORPUS CHRISTI, TX 78403 US

New Mailing Address:

1818 N FARWELL AVE
MILWAUKEE, WI 53202 US

FEI Number: 59-3637294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKEY & FOWLER, P.A.
410 WEST MERRITT AVE.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEVENSALER, TIMOTHY D
Address: 955 OAK ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DC ( ) Delete
Name: MARKS, DAVID M
Address: 1818 NORTH FARWELL AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: CEOP ( ) Delete
Name: HODGKINS, CRAIG
Address: 3340 SAVANNAHS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DEV (X) Delete
Name: ORLANDO, FRANK J
Address: 3408 DOVER ROAD
City-St-Zip: POMPANO BEACH, FL 33062

Title: DS ( ) Delete
Name: SCHWABE, PAUL L
Address: 1818 NORTH FARWELL AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: COOD ( ) Delete
Name: LEVENSALER, TIMOTHY
Address: 955 OAK STREET
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY LEVENSALER D 06/18/2009

Electronic Signature of Signing Officer or Director Date