

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000012316

1. Entity Name

CANAVERAL BULK TERMINAL, INC.



Principal Place of Business

20125 STATE RD 80
LOXAHATCHEE FL 33470

Mailing Address

6621 WILBANKS ROAD
KNOXVILLE TN 37912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0431498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CEO
NAME: KLEIN, SAM W
STREET ADDRESS: 5513 N MILITARY TRAIL, SUITE NO. 702
CITY-STATE-ZIP: BOCA RATON FL 33496 ☐ Delete

TITLE: PD
NAME: TOMEU, ENRIQUE A
STREET ADDRESS: 1000 SOUTHERN BLVD., STE. 300
CITY-STATE-ZIP: WEST PALM BEACH FL 33405 ☐ Delete

TITLE: D
NAME: TURNER, BEN R
STREET ADDRESS: 8940 GALL BLVD.
CITY-STATE-ZIP: ZEPHYRHILLS FL 33541 ☐ Delete

TITLE: D
NAME: PHILLIPS, W.T. SR.
STREET ADDRESS: 22501 SR 52
CITY-STATE-ZIP: LAND O'LAKES FL 34639 ☐ Delete

TITLE: D
NAME: KLEIN, MICHAEL S
STREET ADDRESS: PO BOX 626
CITY-STATE-ZIP: CORTE MADERA CA 94976 ☐ Delete

TITLE: CFOS
NAME: MCMULLEN, J. PATRICK
STREET ADDRESS: 6621 WILBANKS ROAD
CITY-STATE-ZIP: KNOXVILLE TN 37912 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Change ☐ Addition
U00000745895
05/16/07-80046-023 150.00

TITLE:
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

W.T. Phillips Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

865-219-7357

Date

Daytime Phone #