

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012316

FILED
Apr 16, 2009
Secretary of State

Entity Name: CANAVERAL BULK TERMINAL, INC.

Current Principal Place of Business:

20125 STATE RD 80
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

6621 WILBANKS ROAD
KNOXVILLE, TN 37912

New Mailing Address:

FEI Number: 51-0431498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GROSSMAN, PETER
Address: 390 PARK AVENUE SUITE 600
City-St-Zip: NEW YORK, NY 10022

Title: PD () Delete
Name: TOMEU, ENRIQUE A
Address: 1000 SOUTHERN BLVD., STE. 300
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: TURNER, BEN R
Address: 8940 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: PHILLIPS, W.T. SR.
Address: 22501 SR 52
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: KLEIN, MICHAEL S
Address: PO BOX 626
City-St-Zip: CORTE MADERA, CA 94976

Title: CFOS () Delete
Name: MCMULLEN, J. PATRICK
Address: 6621 WILBANKS ROAD
City-St-Zip: KNOXVILLE, TN 37912

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: D (X) Change () Addition
Name: PHILLIPS, W.T. SR.
Address: 8940 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D (X) Change () Addition
Name: KLEIN, MICHAEL S
Address: 8 DIGITAL DRIVE, SUITE 101
City-St-Zip: NAVATO, CA 94949

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: W.T. PHILLIPS, SR.

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date