2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2004 8:00 am
Secretary of State
02-13-2004 90010 049 ***150.00

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1. Entity Name
GLOBAL STEVEDORING SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21346 TAMPA, FL 33622	20 SOUTH BROAD STREET BROOKSVILLE, FL 34601

01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1443982
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAVA, TONY
STREET ADDRESS	CALLE JUANCHO LOPEZ #41, BARRIO SABANA
CITY-ST-ZIP	GUAYNABO, PR 00965
TITLE	VP
NAME	COOMBES, CHARLES E
STREET ADDRESS	P.O. BOX 21346
CITY-ST-ZIP	TAMPA, FL 33622
TITLE	S
NAME	COOMBES, CHARLES E
STREET ADDRESS	P.O. BOX 21346
CITY-ST-ZIP	TAMPA, FL 33622
TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____ 2/10/04 (813)885-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #