


FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90177 023 ***150.00

2005 FOR PROFIT CORPORATION

50035828

DOCUMENT # P03000005561 1. Entity Name NEPTUNES SEA OF INK INC.						
Principal Place of Business 1770 A1A SOUTH #10 ST AUGUSTINE, FL 32080		Mailing Address 1770 A1A SOUTH #10 ST AUGUSTINE, FL 32080				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 42-1570312		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000			7. Name and Address of New Registered Agent Name John-Paul Bertrand Street Address (P.O. Box Number is Not Acceptable) 1770 A1A South #10 1770 A1A South # C City ST Augustine FL Zip Code 32080			
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 <i>John-Paul Bertrand</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>John-Paul Bertrand</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>April 8 2005</i> <small>DATE</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTRAND, JOHN-PAUL 6411 SABLE WOODS CT JACKSONVILLE, FL 32920		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John-Paul Bertrand 1770 A1A South # C ST Augustine FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John-Paul Bertrand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>John-Paul Bertrand</i>		<i>4-8-05</i> <small>Date</small>		
				<i>904 460 0600</i> <small>Daytime Phone #</small>		