

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000000610

1. Entity Name
JBS SHIPPING INC.



Principal Place of Business
**906 HEMINGWAY CIRCLE
TAMPA, FL 33602**

Mailing Address
**906 HEMINGWAY CIRCLE
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0659915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SCHUCK, BRUCE R
STREET ADDRESS 906 HEMINGWAY CIRCLE
CITY-ST-ZIP TAMPA, FL 33602

TITLE S
NAME CARPENTER, RANDLE B
STREET ADDRESS 29 HAZEL LANE SUITE 2
CITY-ST-ZIP LARCHMONT, NY 10538

TITLE D
NAME SCHUCK, BRUCE B
STREET ADDRESS 906 HEMINGWAY CIRCLE
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME JOHANSEN, LARS P
STREET ADDRESS 906 HEMINGWAY CIRCLE
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME BOEHIKE, THOR
STREET ADDRESS 906 HEMINGWAY CIRCLE
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME JOHANSEN, EVEN P
STREET ADDRESS 66 GATE HOUSE ROAD
CITY-ST-ZIP STAMFORD, CT 06902

U00000640719
02/28/07-80077-016 150.00

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IN THIS SPACE**

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

Bruce Schuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 14, 2007