## 2006 FOR PROFIT CORPORATION ANNUAL REPORT Secretar

FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPORT						05-01-2006 90350 047 ***150.00					
1. Entity Nar	me	*# P04000082 SHIP INC.				_	100.0	, 0			
Principal Clar	an of Guninan		1	<del> </del>	400.0						
Principal Place of Business			Mailing Address		<b>}</b> *						
2165 SUNNYDALE BLVD   Suite C			2165 SUNNYDALE BLV Suite C			,					
CLEATRWATER, FL 33765			CLEATRWATER, FL 33765			L TRANSPOLATION	I BUR BURN BURN BURNU TURN	1676L 1811U	1 <b>119</b> (88) (811) (1	TUTTO (CIRTO	
2, Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212006	Chg-P	CR2E	034 (11/05)		
City & State			City & State		4. FEI Number 20-1172			<del></del>	pplied For ot Applicable		
Zip	Country		Zip Coun		ntry	5. Certificate of	of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered	Agent		
FROMOT	ON DON	A			Name						
ERRINGTON, RONALD E 2165 SUNNYDALE BLVD			Street Add		Street Address (	P.O. Box Number	r is Not Acceptable	)		<del></del>	
SUITE C CLEATRWATER, FL 33765											
		·		City				FL	- 1		
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						( when minstating)	<del></del>	DATE		<u>.</u>	
NAIC MAIN SECURITY OF THE PROPERTY OF THE PROP											
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.		OFFICERS AND D	DIRECTORS	11.	<del></del>	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	P Defets mi				Ē				Change	Addition	
NAME	1	ON, RONALD E		E					,		
STREET ADDRESS CITY-ST-ZIP										1	
TITLE	T	ATER BEACH, FL 3376	<del></del>	-ST-ZIP				~~			
NAME	T Delete IIII.				,				Change	☐ Addition	
STREET ADDRESS					ET ADORESS						
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CITY-ST-ZIP	<u></u>				-ST-ZIP	<del></del>	<u></u>		<i>.</i>	- (	
12. I hereby certify that the information supplied with this filling does not quality 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: 40 TYPED OR PRINCED WANTE OF SIGNING OFFICER OR DRIECTOR DRIECTOR DRIECTOR DRIECTOR										6699	
	SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date Organic Prince I										