2008 FOR PROFIT CORPORATION

FILED

DOCUMENT	`#P04000127 <i>`</i>	103

1. Entity Name

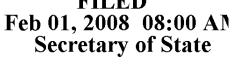
GASPARILLA SHIPPING AND RECEIVING, INC.



Principal Place of Business

117 W. ALEXANDER ST. PLANT CITY, FL 33563 Mailing Address

117 W. ALEXANDER ST. PLANT CITY, FL 33563





DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01232008

- \$8.7	5	Additional
20-1588222		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SIEBENTHAL, DEBORAH K 4110 LONGFELLOW DRIVE PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

the oblina	e named entity submits this statement for the patients of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signalure, typed or printed name of registered agent and title	if applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE
क्रिक अ. FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	neing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D SIEBENTHAL, BRADLEY R 4110 LONGFELLOW DRIVE PLANT CITY, FL 33566				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEBENTHAL, DEBORAH K 4110 LONGFELLOW DRIVE PLANT CITY, FL 33566				000000809871 02/08/08-80039-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	- 1 (2) - 1 (2) 2 (17) - 11				
CITY-ST-ZIP	er, e	. <u>.</u> .		·	

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR