


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90063 013 \*\*\*150.00

<b>DOCUMENT # P34372</b> 1. Entity Name <b>TRAILER BRIDGE, INC.</b>					
Principal Place of Business <b>10405 NEW BERLIN RD EAST JACKSONVILLE, FL 32226 US</b>			Mailing Address <b>10405 NEW BERLIN RD EAST JACKSONVILLE, FL 32226 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>13-3617986</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEIM, RALPH W 10405 NEW BERLIN RD E. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Miskowicz, David A. 10405 New Berlin Rd. E. JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MCCOWN, JOHN D. 500 PARK AVE 5TH FLR NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Van Dijk, Robert 10405 New Berlin Rd. E. JACKSONVILLE, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TANNER, MARK A. 10405 NEW BERLIN RD E. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gotimer, Jr., William G. 1120 Ave. of the Americas Ste. 1503 New York, NY 10036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORLEY, J. EDWARD 10405 NEW BERLIN RD E. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	McCown, John D. 1120 Ave. of the Americas Ste. 1503 New York, NY 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GAWNYSH, ADAM 10405 NEW BERLIN RD E. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GAWNYSH, ADAM 10405 NEW BERLIN RD E. JACKSONVILLE, FL 32226	<input checked="" 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 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.					
<b>SIGNATURE:</b> <u>Mark A. Tanner</u> <b>MARK A. TANNER</b> 1/10/07 904-751-782					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

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