

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34558

FILED  
Feb 14, 2007  
Secretary of State

**Entity Name:** PORT CITY INDUSTRIAL AND MARINE SUPPLY, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 1407  
SAVANNAH, GA 31402

**New Principal Place of Business:**

1250 W. BAY ST  
SAVANNAH, GA 31415

**Current Mailing Address:**

POST OFFICE BOX 1407  
SAVANNAH, GA 31402

**New Mailing Address:**

FEI Number: 58-1359434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORSFALL, JAMES  
3606 JOSE TERRACE  
JACKSONVILLE, FL 32217      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCP      ( ) Delete  
Name: FARRELL, CHARLES W.,  
Address: 1250 WEST BAY ST.  
City-St-Zip: SAVANNAH, GA

Title: D      ( ) Delete  
Name: FARRELL, CHARLES W.,  
Address: 1250 WEST BAY ST.  
City-St-Zip: SAVANNAH, GA

Title: S      ( ) Delete  
Name: BEESON, SALLY,  
Address: 1250 WEST BAY ST.  
City-St-Zip: SAVANNAH, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY BEESON

S

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date