

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90025 032 \*\*\*150.00

**DOCUMENT # P93000028029**

1. Entity Name  
**SHIP HOUSE, INC.**



Principal Place of Business  
**C/O MICHAEL D FRICKLAS  
1515 BROADWAY  
NEW YORK, NY 10036 US**

Mailing Address  
**C/O MICHAEL D FRICKLAS  
1515 BROADWAY  
NEW YORK, NY 10036 US**

40030769



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**25-1706816**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **FRICKLAS, MICHAEL D**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVPS** ☐ Delete  
NAME **MORRIL, MARK C**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVPT** ☒ Delete  
NAME **FREEDLINE, ROBERT G**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☒ Addition  
NAME **AT J. KENNETH HILL**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NEW YORK 10036**

TITLE **AS** ☐ Delete  
NAME **FUERST, JANE R**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☒ Change ☐ Addition  
NAME **VP/AS**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVPC** ☐ Delete  
NAME **GORDON, SUSAN C**  
STREET ADDRESS **1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☒ Change ☐ Addition  
NAME **D/EVP/C**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Jane R. Fuerst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane R. Fuerst,  
Asst Secy.

4/11/2005 212 258 6680  
Date Daytime Phone #