

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90030 039 ***158.75

DOCUMENT # P94000090029

1. Entity Name
INTERMODAL SHIPPING SERVICES, INC.



Principal Place of Business
**1803 EASTPORT DRIVE
TAMPA, FL 33605-6709**

Mailing Address
**1803 EASTPORT DRIVE
TAMPA, FL 33605-6709**

00000000



2. Principal Place of Business

3. Mailing Address

701 Harbour Post Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Country

Zip
33602-6701

Country

USA

01092006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3282670

Applied For

Not Applicable

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

**SAVAGE, ARTHUR R
1803 EASTPORT DRIVE
TAMPA, FL 33605-6709**

Name

Street Address (P.O. Box Number is Not Acceptable)
701 Harbour Post Dr.

City
Tampa

FL Zip Code
33602-6701

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

Arthur R. Savage, PSTO *January 30, 2006*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SAVAGE, ARTHUR R
1803 EASTPORT DR
TAMPA, FL 336056709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**701 Harbour Post Dr.
Tampa, FL 33602-6701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur R. Savage

Date

1/31/06

Daytime Phone #

813-247-4432