2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90035 018 ***158.75

DOCUMENT # P95000006395

1. Entity Name
SHIPPING LORDS, INC.

Principal Place of Business	Mailing Address
10705 ROCKETT BLVD STE #103 ORLANDO, FL 32837	10705 ROCKETT BLVD STE #103 ORLANDO, FL 32837

04092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
10705 ROCKET BLVD		10705 ROCKET BLVD	
Suite, Apt. #, etc.: STE # 103		Suite, Apt. #, etc.: STE # 103	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32824	Country: U.S.A.	Zip: 32824	Country: U.S.A.

4. FEI Number 75-1659990 ☐ Applied For ~~Not Applicable~~

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, NEVILLE
10705 ROCKET BLVD
SUITE #103
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

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, 2004 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	P WILLIAMS, NEVILLE 9535 SATELLITE BLVD. #100 ORLANDO, FL 32837	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NEVILLE 10705 ROCKET BLVD # 103 STE ORLANDO, FL 32824	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NEVILLE 10705 ROCKET BLVD, STE # 103 ORLANDO, FL 32824	☒ 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
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
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 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: [signature] NEVILLE WILLIAMS 04/09/04 (407) 240-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #