## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000026340

Entity Name: SHIP RIGHT PLUS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2937-A N.E. 19TH DRIVE 2937-A NE 19TH DRIVE

GAINESVILLE, FL 32609348 US GAINESVILLE, FL 326093348 US

Current Mailing Address: New Mailing Address:

2937-A N.E. 19TH DRIVE 2937-A NE 19TH DRIVE

GAINESVILLE, FL 32609348 US GAINESVILLE, FL 326093348 US

FEI Number: 59-3311513 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MORGAN, ANNA M WHEELER, CASSIE M 2937-A N.E. 19TH DRIVE 2937-A NE 19TH DRIVE

GAINESVILLE, FL 326093348 US GAINESVILLE, FL 326093348 US

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: CASSIE M WHEELER 01/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PS
 ( ) Delete
 Title:
 PTD
 (X) Change ( ) Addition

 Name:
 MORGAN, ANNA M
 Name:
 WHEELER, CASSIE M

 Address:
 2937-A NE 19TH DR
 Address:
 2937-A NE 19TH DR

 City-St-Zip:
 GAINESVILLE, FL 326093348
 City-St-Zip:
 GAINESVILLE, FL 326093348

Title: T ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 MORGAN, ANNA
 Name:
 HOGG, GLENDA L

 Address:
 2937-A NE 19TH DR
 Address:
 2937-A NE 19TH DR

City-St-Zip: GAINESVILLE, FL 326093348 City-St-Zip: GAINESVILLE, FL 326093348

Title: D ( ) Delete Title: CEOC (X) Change ( ) Addition

 Name:
 SHEA, BEVERLY
 Name:
 SHEA, BEVERLY A

 Address:
 640 SE FIRST STREET
 Address:
 640 SE FIRST STREET

 City-St-Zip:
 MELROSE, FL 32666
 City-St-Zip:
 MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify 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: CASSIE M WHEELER PTD 01/14/2009