


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90290 033 \*\*\*150.00

<b>DOCUMENT # P96000000415</b>					
<b>1. Entity Name</b> GLORIA RECTOR VESSEL DOCUMENTATION, INC.					
<b>Principal Place of Business</b> 3355 BEARSS AVE TAMPA, FL 33618 US			<b>Mailing Address</b> 16528 N. Dale Mabry Hwy. 3355 BEARSS AVE SUITE ONE TAMPA, FL 33618 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 16528 N. Dale Mabry Hwy.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL			
Zip	Country	Zip 33618	Country US	<b>4. FEI Number</b> 59-3355953	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618			<b>7. Name and Address of New Registered Agent</b> Name: Sanders, Walter Street Address (P.O. Box Number is Not Acceptable): 16528 N. Dale Mabry Hwy. City: Tampa FL Zip Code: 33618		
<b>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.</b> SIGNATURE: <u>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BEALE, JANE <input type="checkbox"/> Delete 1315 VALLEY HILL EAST LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BEALE, JOHN E <input type="checkbox"/> Delete 1315 VALLEY HILL EAST LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIELDS, KRISTI M <input type="checkbox"/> Delete 1321 VALLEY HILL DR LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jane Beale</u> <u>Jane Beale</u> <u>4/19/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					