


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90014 028 ***150.00

DOCUMENT # P96000094368

1. Entity Name
MARITIME FREIGHT SYSTEMS, INC.



Principal Place of Business
903 LARGO DRIVE
GULF BREEZE, FL 32561

Mailing Address
903 LARGO DRIVE
GULF BREEZE, FL 32561

40022947



2. Principal Place of Business - No P.O. Box #
2361 Inverness Drive

3. Mailing Address
2361 Inverness Drive

Suite, Apt. #, etc.

02172007 Chg-P CR2E034 (12/06)

City & State
PENSACOLA, FLORIDA

City & State
PENSACOLA, FLORIDA

Zip Country
32503 USA

Zip Country
32503 USA

4. FEI Number
59-3414060

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SADLER, TERESA G
903 LARGO DR.
GULF BREEZE, FL 32561

7. Name and Address of New Registered Agent

Name
Sadler, Teresa G.

Street Address (P.O. Box Number is Not Acceptable)
2361 Inverness Drive

City
PENSACOLA FL Zip Code
32503

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME SADLER, TERESA G	
STREET ADDRESS 903 LARGO DR.	
CITY - ST - ZIP GULF BREEZE, FL 32561	
TITLE V	<input type="checkbox"/> Delete
NAME SADLER, WILLIAM H III	
STREET ADDRESS 903 LARGO DR.	
CITY - ST - ZIP GULF BREEZE, FL 32561	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sadler, Teresa G.	
STREET ADDRESS 2361 Inverness Drive	
CITY - ST - ZIP PENSACOLA, FLA. 32503	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SADLER, WILLIAM H. III	
STREET ADDRESS 2361 Inverness Drive	
CITY - ST - ZIP PENSACOLA, FLA. 32503	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: WNSadler III WHSadler III 2-17-2007 850-602-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #