APR. 29. 2004 5:07PM

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/

FILED
May 27, 2004 8:00 am
Secretary of State
05-03-2004 90675 005 ***150.00

DOCUMENT # P98000013107

1. Entity Name
SHIPYARD MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2929 HARVARD AVE. JACKSONVILLE, FL 32210	2929 HARVARD AVE. JACKSONVILLE, FL 32210

b6424300

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3497517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENT, FREDERICK H III
~~225 WATER ST.~~
~~STE. 900~~
~~JACKSONVILLE, FL 32202~~
1200 Riverplace Blvd #800
Marks & Gray, PA Jacksonville FL 32207

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): MARKS & GRAY P.A. P.O. BOX 447
City: JACKSONVILLE FL Zip Code 32201

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, 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	D GALLO, CHRISTOPHER S 2929 HARVARD AVE. JACKSONVILLE, FL 32210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/30/04 904-387-4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #