

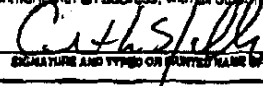
APR. 29. 2004 5:07PM

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/31

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 2929 HARVARD AVE. JACKSONVILLE, FL 32210		Mailing Address 2929 HARVARD AVE. JACKSONVILLE, FL 32210	
2. Principal Place of Business Suite, Apt. 9, etc.		3. Mailing Address Suite, Apt. 9, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 58-3497517		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		7. Name and Address of New Registered Agent MARKS & GRAY P.C. P.O. BOX 447 JACKSONVILLE FL 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. 32207			
SIGNATURE Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signatures required with filing)		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	☐ Delete D GALLO, CHRISTOPHER S 2929 HARVARD AVE. JACKSONVILLE, FL 32210	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
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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 persons empowered.			
SIGNATURE: 		4/30/07 904-387-1428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

00444300



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