

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90225 012 \*\*\*150.00

**DOCUMENT # P99000033695**

1. Entity Name  
**SHIPCOURT (FLORIDA) INC.**



Principal Place of Business Mailing Address  
**1218 MARTINIQUE CT 1083 N. COLLIER BLVD # 273**  
**MARCO ISLAND, FL 34145 C/O G KNAUERHASE**  
**MARCO ISLAND, FL 34145**



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0910715** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHMIDT, MALWINE**  
**1218 MARTINIQUE CT 1083 N. COLLIER BLVD # 273**  
**MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	SCHMIDT, MALWINE
STREET ADDRESS	1218 MARTINIQUE COURT 1083 N. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145 # 273
TITLE	VPS
NAME	SCHMIDT, MONIKA
STREET ADDRESS	1218 MARTINIQUE CT 1083 N. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145 # 273
TITLE	P
NAME	SCHMIDT, WIELAND
STREET ADDRESS	1218 MARTINIQUE COURT 1083 N. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145 # 273
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Wieland Schmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*16/01/2006*  
Date

Daytime Phone #

**WIELAND SCHMIDT**