2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000033695

1. Entity Name
SHIPCOURT (FLORIDA) INC.

Principal Place of Business	Mailing Address
1083 N CREST BLVD 273 MARCO ISLAND, FL 34145	463 ECHO CIRCLE C/O G KNAUERHASE MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

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
1083 N COLLIER BLVD 273
MARCO ISLAND, FL 34145

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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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

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	T
NAME	SCHMIDT, MALWINE
STREET ADDRESS	1083 COLLIER BLVD 273
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VPS
NAME	SCHMIDT, MONIKA
STREET ADDRESS	1083 COLLIER BLVD 273
CITY ST ZIP	MARCO ISLAND, FL 34145
TITLE	P
NAME	SCHMIDT, WIELAND
STREET ADDRESS	1083 COLLIER BLVD 273
CITY ST ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: X _____ 1/27/07 239-394-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #