

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-09-2006 90086 020 ***150.00

P00000028543

FILED

06 JUL 21 AM 11:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

DOCUMENT # P00000028543					
1. Entity Name SPECIALTY MARINE SERVICES OF TAMPA BAY, INC.					
Principal Place of Business 3415 FAIR OAKS AVE. TAMPA FL 33611		Mailing Address 3415 FAIR OAKS AVE. TAMPA FL 33611			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3035309	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREEN, MITCHELL F 3415 FAIR OAKS AVE. TAMPA FL 33611			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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			
<small>Signature of individual or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD GREEN, MITCHELL F 3415 FAIR OAKS AVE. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		DATE: 07/19/06		833 837 2039	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

SPECIALTY MARINE SERVICES OF TAMPA BAY, INC.
3415 FAIR OAKS AVE.
TAMPA, FL 33611

SUBJECT: SPECIALTY MARINE SERVICES OF TAMPA BAY, INC.
Ref. Number: P00000028543

We have received your document for SPECIALTY MARINE SERVICES OF TAMPA BAY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 706A00044539

TO WHOM IT MAY CONCERN:

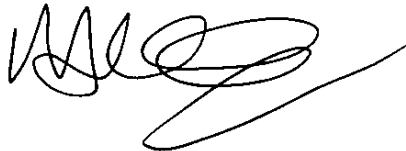
RE: SPECIALTY MARINE SERVICES OF TAMPA BAY, INC.
ANNUAL REPORT

THE ORIGINAL ANNUAL REPORT FOR 2006 WAS RETURNED FOR CORRECTIONS
SOMETIME IN JUNE 2006. THE FEE WAS PAID WHEN THE ORIGINAL WAS FILED
APRIL 27, 2006. THE CHECK HAS BEEN CASHED.

PLEASE WAIVE THE LATE FEES AS THIS WAS FILED TIMELY.

THANK YOU,

MITCHELL GREEN
PRES.



Registered Agent Remains the Same -
Series 8 was Reigned in 2002 -