

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90111 017 ***150.00

DOCUMENT # S81939

1. Entity Name
TRI-COUNTY MARINE CONTRACTOR OF FLORIDA, INC.



Principal Place of Business
404 NE 38TH STREET
OAKLAND PARK, FL 33334 US

Mailing Address
404 NE 38TH STREET
OAKLAND PARK, FL 33334 US

60021760



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0296794	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BICHLER, PAUL
404 NE 38TH STREET
OAKLAND PARK, FL 33334

**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	P
NAME	BICHLER, PAUL
STREET ADDRESS	404 NE 38TH STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Paul M. Bichler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06
Date

954-630-2300
Daytime Phone #



Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

S81939

Business Entity Name

TRI-COUNTY MARINE CONTRACTOR OF FLORIDA, INC.

FEI Number

650296794

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

404 NE 38TH STREET

Suite, Apt. #, etc.

City, State

OAKLAND PARK

FL

Zip Code & Country

33334

US

Mailing Address

Address

404 NE 38TH STREET

Suite, Apt. #, etc.

City, State

OAKLAND PARK

FL

Zip Code & Country

33334

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

BICHLER, PAUL

Address (PO Box is not acceptable)

404 NE 38TH STREET

Suite, Apt. #, etc.

City, State

OAKLAND PARK

FL

Zip Code & Country

33334

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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#581939

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

Name (Last, First, Middle, Title)

 , , , **- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

 ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

 , , , **- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

 ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

 , , , **- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

 ,

Zip Code & Country

Title

ATTACHMENT 160021760
S81939

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.