


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 465818

1. Entity Name
SEABULK ENERGY CARRIERS, INC.



Principal Place of Business Mailing Address

2200 ELLER DR. LEGAL DEPT.
P.O. BOX 13038
FT LAUDERDALE, FL 33316 US

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P.O. BOX 13038
FT LAUDERDALE, FL 33316 US



01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1604658

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TWAITS, ALAN R
2200 ELLER DR, BLDG 27
FT LAUDERDALE, FL 33316

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	COBP
NAME	KURZ, GERHARD CEOP
STREET ADDRESS	2200 ELLER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	SVPD
NAME	TWAITS, ALAN R
STREET ADDRESS	2200 ELLER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VPSD
NAME	FINCH, STEPHEN B
STREET ADDRESS	2200 ELLER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	SVPT
NAME	DESOSTOA, VINCENT J
STREET ADDRESS	2200 ELLER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	SVP
NAME	FRANCOIS, LARRY D
STREET ADDRESS	2200 ELLER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80168-018 150.00

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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 like empowered.

SIGNATURE: SB Finch Stephen B. Finch 4/18/05 (954) 523-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #