

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 724881

1. Entity Name  
SOUTHEAST SHIPYARD ASSOCIATION, INC.



Principal Place of Business

265 S WATER ST,  
ATTN: HARVEY WALPERT  
MOBILE, AL 36603 US

Mailing Address

P.O. BOX 42  
ATTN: HARVEY WALPERT  
MOBILE, AL 36601 US



04152005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7376750

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W.  
400 N TAMPA STREET  
SUITE 2300  
TAMPA, FL 33602

**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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CROUSHORE, BRUCE J.  
265 S. WATER ST.  
MOBILE, AL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
WALPERT, HARVEY  
265 S WATER STREET  
MOBILE, AL 36603

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
D. LOY STEWARD  
RT 2 BOX 180  
MT. PLEASANT, SC

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000318716  
04/20/05-80067-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:

*Harvey B. Walpert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey B. Walpert

April 15, 2005

251/431-8021