

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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
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04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7376750	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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	

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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 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 Walpert HARVEY WALPERT April 7, 2006 251-510-5780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #