


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 835336 1. Entity Name TRANS-MARINE MANAGEMENT CORPORATION	
--	---

Principal Place of Business LEGENDS FIELD ONE STEINBRENNER DR TAMPA, FL 33614 US	Mailing Address P.O. BOX 25077 TAMPA, FL 33623-5077 US
--	--



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1620968	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**STALLINGS, NORMAN J
LEGENDS FIELD
ONE STEINBRENNER DR
TAMPA, FL 33614**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	D
NAME	STEINBRENNER, GEORGE M.
STREET ADDRESS	ONE STEINBRENNER DR
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	P
NAME	SWINDAL, STEPHEN W.
STREET ADDRESS	ONE STEINBRENNER DRIVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T
NAME	BRUNO, ANTHONY
STREET ADDRESS	1 STEINBRENNER DRIVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	S
NAME	STALLINGS, NORMAN J
STREET ADDRESS	ONE STEINBRENNER DRIVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000555078
05/16/06-80019-006 150.00

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

813.673.3130
Daytime Phone #