

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004311 1. Entity Name AMERICAN TRACTOR TUG, INCORPORATED	
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Principal Place of Business 1 STEINBRENNER DR TAMPA, FL 33614 US	Mailing Address 1 STEINBRENNER DR TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE

	
01032005 No Chg-P CR2E034 (10/03)	
4. FCI Number 59-3331427	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWINDAL, STEPHEN W LEGENDS FIELD 1 STEINBRENNER DR. TAMPA, FL 33614

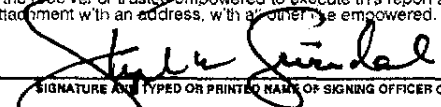
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____ Signature of authorized agent of registered agent and filer (applicable)	DATE _____ (Filer - Registered Agent Signature Required when changing)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD STEINBRENNER, HAROLD Z 1 STEINBRENNER DR. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY ST ZIP	STD SWINDAL, STEPHEN W 1 STEINBRENNER DR. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY ST ZIP	CD STEINBRENNER III, GEORGE M 1 STEINBRENNER DR. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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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)(c), 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 fee empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/28/05 813-281-9001 Date Date Phone #