

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90249 034 ***150.00

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1. Entity Name
AMERICAN TRACTOR TUG, INCORPORATED



Principal Place of Business
**1 STEINBRENNER DR
TAMPA, FL 33614 US**

Mailing Address
**1 STEINBRENNER DR
TAMPA, FL 33614 US**

00018601



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3331427

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SWINDAL, STEPHEN W
LEGENDS FIELD 1 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**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

Date

Daytime Phone #

Anthony Beers **Anthony Beers** 4/27/06 813.673.3130