

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90001 046 ***550.00

DOCUMENT # F97000000154

1. Entity Name

MORAN TOWING CORPORATION



Principal Place of Business
**50 LOCUST AVENUE
NEW CANAAN CT 06840**

Mailing Address
**50 LOCUST AVENUE
NEW CANAAN CT 06840**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E034 (4/07)

4. FEI Number **13-5256830**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TREGURTHA, EDWARD J	
STREET ADDRESS	50 LOCUST AVENUE	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	VPFA	<input type="checkbox"/> Delete
NAME	MCAULAY, JEFFREY J	
STREET ADDRESS	50 LOCUST AVENUE	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	VPGS	<input type="checkbox"/> Delete
NAME	MARCHISOTTO, ALAN	
STREET ADDRESS	50 LOCUST AVENUE	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE ANGELO, JOSEPH A	
STREET ADDRESS	50 LOCUST AVENUE	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	C	<input type="checkbox"/> Delete
NAME	TREGURTHA, PAUL R	
STREET ADDRESS	50 LOCUST AVENUE	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MORAN, EDMOND J JR	
STREET ADDRESS	50 LOCUST AVENUE	
CITY-ST-ZIP	NEW CANAAN CT 06840	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Alan Marchisotto

8/24/07

Date

203 442-2846

Daytime Phone #