2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 03, 2004 08:00 AM
Secretary of State

| ANNUAL REPORT | | | | Mar 03, 2004 08:00 | | | |
|--|--|--|---|---|---|--|-----------------------------|
| DOCUMENT # H35913 | | | | | Se | ecretary of S | tat |
| 1. Entity Name SMITTY'S MARINE TOWING & SALVAGE, INC. | | | | | | - | |
| SWITT TO WARINE LOWING & SALVAGE, INC. | | | | | | | |
| | | | - T- | | | | |
| Principal Place 11331 LUANI | | Mailing Address 11331 LUANNE LANE | | | | | |
| FT MYERS, FL | | FT MYERS, FL 33908 | | l | | | |
| | | | | | | | |
| | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 02212004 | No Chg-P | CR2E034 (10/03) | |
| ט | O NOT WHILE | IN THIS SPA | <u> </u> | 4. FEI Numb 59-248 | | Applied Not App | |
| | | | | | of Status Desired | \$8.75 Additiona | |
| | 6. Name and Address of Current Ro | egistered Agent | | | | Fee Required | |
| | | | | | | | |
| SMITH, THURMAN 11331 LUANNE LANE | | | | DO NOT WRITE | | | |
| | s, FL 33908 | IN THIS SPACE | | | | | |
| | | | | | | | |
| | | | \ | | 11. 1-11. 01. 15. | | |
| | named entity submits this statement for toons of registered agent. | ne purpose of changing its register | ed office or register | ed agent, or bo | in, in the State of Fio. | rida. Tam familiar with, and a | ccept |
| SIGNATURE | Thursday Sand | Thurmaile I Sout | 76 B. | | 290 | 12h 08 4 | |
| | Signature, typod or printed name of registered agent an | f title if applicable (NOTE Register | ed Agent signature required | when reinstating) | | DATE | C 1 W |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5 | | | | .00 May Be ed to Fees | <u> </u> | 17543n | : |
| Arter may 1, 2004 fee will be \$550.00 | | | 03/03/04-80059-013 150.00 | | | | |
| 10. 111LE | OFFICERS AND D | RECTORS | -} | | | | , |
| NAME | SMITH, THURMAN | | | | | | |
| STREET ADDRESS | 11331 LUANNE LANE | | | | | | |
| CITY-ST-ZIP | FT MYERS, FL 33908, | <u> </u> | 1 | | | | , |
| NAME | SMITH, THURMAN, JR. | | | | | | |
| STREET ADDRESS CHTY-ST-ZIP | 11331 LUANNE LANE FT MYERS, FL 33908, | | | | | | |
| IIILE | | | | | | • | |
| NAME Grants Assessed | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | |
| THE | | | | IN | THIS SF | PACE | |
| NAME STREET ADDRESS | | | | ** * | ••••• | | |
| CITY - ST - ZIP | | | | | | | |
| LILLE | | | | | | | |
| NAME STREET ADDRESS | | | | | | | |
| CITY+ST-ZIP | | | | | | | |
| HILE | | | | | | | |
| NAME STREET ADDRESS | | | | | | | |
| City-St ZIP | | | | | <u> </u> | | <u> </u> |
| 12. I hereby of indicated of the con- | certify that the information supplied with to this report or supplemental report is reportally report in the receiver or trusted emportally and the receiver or trusted empore the receive | his filing does not qualify for the ex true and accurate and that my sign wered to execute this report as requ | emption stated in Se ature shall have the Ilred by Shapter 60 | ection 119.07(3 same legal elle 7. Florida Statul |)(i), Florida Statutes ict as if made under (ies; and that my name | I further certify that the inform path; that I am an officer or di e appears in Block 10 or Bloc | ation rector ck 11 if |