

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

01-23-2006 90048 020 ****50.00
J71743

DOCUMENT # J71743

1. Entity Name
SOUTHWEST MARINE SALVAGE, INC.



Principal Place of Business
**4655 CUMMINS CT
FORT MYERS, FL 33905**

Mailing Address
**4655 CUMMINS CT
FORT MYERS, FL 33905**

FILED
06 MAR 24 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2801710

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, GREGORY A.
13100 LINTON RD.
FORT MYERS, FL 33908**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	P
NAME	PETERSON, GREGORY A.
STREET ADDRESS	13100 LINTON RD
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	PETERSON ANN E.
STREET ADDRESS	13100 LINTON RD
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**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: _____ Date _____ Daytime Phone # _____
Signature and typed or printed name of signing officer or director