

## ANNUAL REPORT (AK)

DOCUMENT # L36907

1. Entity Name

ACTION MARINE TOWING INC.



**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

P O BOX 545903  
SURFSIDE FL 33154

Mailing Address

P O BOX 545903  
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number  
59-2993311Applied For  
Not Applicable

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

THOMAS M. STEWART  
 10110 W. BAY HARBOR DR. #5  
 BAY HARBOR IS FL 33154

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME STEWART, THOMAS M  
 STREET ADDRESS 10110 W BAY HARBOR DRIVE, #5  
 CITY-ST-ZIP BAY HARBOR ISLAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 000000451358  
 03/10/06-80051-003 158.75

TITLE VPD ☐ Delete  
 NAME STEWART, JUDI C  
 STREET ADDRESS 10110 W BAY HARBOR DR #5  
 CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Andi Stewart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-06 Phone #