2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

DOCUMENT # P00000046705

1. Entity Name TUG III, INC.



Principal Place of Business

3230 SOUTH SHORE DRIVE, UNIT 36A BURNT STORE MARINA PUNTA GORDA, FL 33955

Mailing Address

3230 SOUTH SHORE DRIVE, UNIT 36A BURNT STORE MARINA PUNTA GORDA, FL 33955

FILED Apr 21, 2004 08:00 AM Secretary of State



04072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-2238953

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REILLY, GERALD DO NOT WRITE 3230 SOUTH SHORE DRIVE, UNIT 36A

BURNT STORE MARINA PUNTA GORDA, FL 33955			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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent a					
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	icing	\$5.00 May Be Added to Fees	U00000123010 04/21/04-80054-001 158.75
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD REILLY, GERALD 3230 SOUTH SHORE DRIVE, UNIT 3 PUNTA GORDA, FL 33955				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CRY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 eath; 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 an address and the components of t

SIGNATURE: