

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90032 005 ***150.00

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1. Entity Name
SOUTHERN MARINE TOWING & SALVAGE, INC.

Principal Place of Business

**406 CRISTOBAL ST
NAPLES, FL 34113**

Mailing Address

**P.O. BOX 2608
MARCO ISLAND, FL 34146**

2. Principal Place of Business - No P.O. Box #
177 W PAGO PAGO DRIVE

3. Mailing Address
P.O. Box 2608



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State
Naples, FL

City & State
Marco Island, FL

4. FEI Number
65-1069084

Applied For
Not Applicable

Zip
34113

Country

Zip
34146

Country

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

6. Name and Address of Current Registered Agent

**CRAMER, DONALD J
406 CRISTOBAL ST
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
177 W PAGO PAGO DRIVE

City
Naples

FL

Zip Code
34113

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
CRAMER, DONALD J
406 CRISTOBAL ST
NAPLES, FL 34113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
CRAMER, IRMA
406 CRISTOBAL ST
NAPLES, FL 34113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
Cramer, Donald J
177 W PAGO PAGO DRIVE
Naples, FL 34113** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
Cramer, Irma
177 W PAGO PAGO DRIVE
Naples, FL 34113** ☒ Change ☐ Addition

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

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

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

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

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:

Donald J Cramer
Donald J Cramer

1/12/07

239-389-1177

Date

Daytime Phone #