

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000058463

1. Entity Name  
TRITON MARINE OFFSHORE, INC.



Principal Place of Business  
1066 ISLAND AVE  
TARPON SPRINGS, FL 34689n

Mailing Address  
P.O. BOX 0012  
OZONA, FL 34660-0012 US

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3725330

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NICHOLS, MICHAEL S  
304 HILLPOINT DRIVE  
PALM HARBOR, FL 34683

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

1100000218059  
02/07/05-80050-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NICHOLS, MICHAEL S  
STREET ADDRESS 304 HILLPOINT DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Michael S. Nichols (President)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-05

Date

(727) 938-6522

Daytime Phone #