

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 23 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068103

1. Entity Name

S T MARINE TOWING & SALVAGE, INC.



Principal Place of Business

SUWANNE MARINA INC.  
219 CANAL ST.  
SUWANNEE, FL 32692

Mailing Address

P.O. BOX 451  
SUWANNEE, FL 32692



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3731628

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

CRAIG AND KARIN HOLCOMB  
451 CANDY LANE  
SUWANNEE, FL 32692

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, 2004 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 HOLCOMB, CRAIG  
STREET ADDRESS 451 CANDY LANE  
CITY-ST-ZIP SUWANNEE, FL 32692

TITLE VP  
NAME HOLCOMB, KARIN  
STREET ADDRESS 451 CANDY LANE  
CITY-ST-ZIP SUWANNEE, FL 32692

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300027623509  
01/27/04--01001--008 \*\*150.00

DO NOT WRITE  
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-04 3525429159