

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---------|--|--|--|--|--|
| DOCUMENT # P06000045627 1. Entity Name TUG OCEAN TOWER, INC. | | | | | | FILED 07 APR -3 PM 2:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3670 SOUTH WESTSHORE BLVD TAMPA, FL 33629 | | | | Mailing Address 3670 SOUTH WESTSHORE BLVD TAMPA, FL 33629 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. % ALLEN VONSPIEGELFELD 501 EAST KENNEDY BLVD STE 1700 TAMPA, FL 33602 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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. | | | | 4. FEI Number 01042007 Chg-P CR2E034 (12/06) | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| SIGNATURE: _____ (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. <input type="checkbox"/> | | | |
| \$5.00 May Be Added to Fees | | | | 10. OFFICERS AND DIRECTORS | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | 000098244790 04/09/07--01045--019 **900.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D DANN, JR., RODNEY H 3670 SOUTH WESTSHORE BLVD TAMPA, FL 33629 | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP D DANN, STEPHEN 3670 SOUTH WESTSHORE BLVD TAMPA, FL 33629 | | | |
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| 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: <i>Rodney H. Dann</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 2-20-07 (813) 251 5100 Date Daytime Phone # | | | |