

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P12757
1. Entity Name
SEABULK TOWING, INC.



Principal Place of Business 2200 ELLER DR. P. O. BOX 13038 LEGAL DEPT. FT. LAUDERDALE, FL 33316	Mailing Address 2200 ELLER DR. P. O. BOX 13038 LEGAL DEPT. FT. LAUDERDALE, FL 33316
--	--



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2754468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURZ, GERHARD E 2200 ELLER DR. FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, KENNETH M 2200 ELLER DR FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD DESOSTOA, VINCENT J 2200 ELLER DR FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELLICCI, MICHAEL J 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINCH, STEPHEN B 2200 ELLER DR. FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TWAITS, ALAN R 2200 ELLER DR FORT LAUDERDALE, FL 33316

000000330646
04/25/05-80168-007 150.00

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: SB Finch **Stephen B. Finch** 4/18/05 **4/18/05** (954) 523-1200 **(954) 523-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #