

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90054 007 ***158.75

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1. Entity Name
MARITIME TUG & BARGE, INC.



Principal Place of Business
9150 SW PENNSYLVANIA AVE
STUART, FL 34997 US

Mailing Address
9150 S. W. PENN. AVE.
STUART, FL 34997 US



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0126177** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KRALY, S. R.
~~**6984 SW BUSCH ST**~~ **9150 SW Pennsylvania Ave**
~~**PALM CITY, FL 34990**~~ **Stuart, FL 34997**

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 resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 **PST**
 NAME **KRALY, STAN R**
 STREET ADDRESS **9150 SW Pennsylvania Ave**
 CITY-ST-ZIP **PALM CITY, FL 34990 Stuart, FL 34997**

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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 #