2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000069688

1. Entity Name

SEELEY AND RYE TROPIC TOWING, INC.



Principal Place of Business

626 THIRD PLACE

VERO BEACH, FL 32962-3637 US

Mailing Address

226 31 AVE SW

VERO BEACH, FL 32968-3211 US

FILED May 03, 2007 08:00 AM Secretary of State



DO	NOT	WRITE	IN	THIS	SPA	CE
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04282007	No Chg-P	CR2E034 (11/05)			
4. FEI Numbe	r		Applied For		
65-0453	3831		Not Applicable		
5. Certificate	of Status Desired		\$8.75 Additional Fee Required		

6.	Name	and	Address	of Current	Registered	Agent

SEELEY, DEBORAH Z 226 31ST AVENUE SW VERO BEACH, FL 32968-3211

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE ASSOCIATED SURVEY SIGNATURE Signature, typed or printed name of professed agent and type 1 policable. (NOTE: Registered Agent signature required when renatisting) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SEELEY, JOHN P SR 226 31 ST AVENUE SW VERO BEACH, FL 329683211					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SEELEY, DEBORAH Z VPDT 226 31ST AVE SW VERO BEACH, FL 329683211				U00000758768	
TITLE					05/24/07-80016-006 150.00	
NAME Street Address City-St-Zip				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-2IP						
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.						

OFFICER OR DIRECTOR

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 Fiorida. I am familiar with, and accept