

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000051639

1. Entity Name
TUG ALLIE-B, INC.



Principal Place of Business
3670 S. WESTSHORE BLVD.
TAMPA, FL 33629

Mailing Address
3670 S. WESTSHORE BLVD.
TAMPA, FL 33629

FILED

06 APR 28 AM 7:34

CLERK OF STATE
TALLAHASSEE, FLORIDA



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3258274

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

VONSPIEGELFELD, ALLEN K
501 E KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DANN, RODNEY H JR
STREET ADDRESS
3670 S. WESTSHORE BLVD.
CITY - ST - ZIP
TAMPA, FL 33629

TITLE
NAME
AS
VONSPIEGELFELD, ALLEN K
STREET ADDRESS
501 E KENNEDY BLVD #1700
CITY - ST - ZIP
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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800074324558
05/10/06--01006--008 **1650.00

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06 (813) 251 5100

Date

Daytime Phone #