

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000006797

1. Entity Name  
TUG N. TWO, INC.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3290585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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 PSTD  
DANN, RODNEY H JR ☐ Delete  
STREET ADDRESS  
730 S STERLING AVE STE 305  
CITY-ST-ZIP TAMPA, FL 33609

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
900053585529  
05/03/05--01009--001 \*\*\*1500.00

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Rodney H. Dann Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY H DANN JR 4-12-05

Date

813 251 5100

Daytime Phone #

FILED

05 APR 21 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

