


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90207 012 ***150.00

DOCUMENT # P97000092490	
1. Entity Name ADMIRALTY MIDDLE KEYS TOWING AND SALVAGE INCORPORATED	

Principal Place of Business 191 EL CAPITAN DRIVE ISLAMORADA, FL 33036 US	Mailing Address 191 EL CAPITAN DRIVE ISLAMORADA, FL 33036 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address % SHERWOOD MYERS 2486 CLAY MARK LANE DELAND, FL 32724 US
City & State	City & State
Zip	Country



02222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3499051	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, CHRISTOPHER 191 EL CAPITAN DRIVE ISLAMORADA, FL 33036	7. Name and Address of New Registered Agent Name SHERWOOD MYERS Street Address (P.O. Box Number is Not Acceptable) 2486 CLAY MARK LANE City DELAND FL Zip Code 32724
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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 <i>Sherwood Myers</i> Signature, typed or printed name of registered agent and if not applicable.	SHERWOOD MYERS, ATTORNEY AT LAW, FEB 22, 2005 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, CHRISTOPHER F. 191 EL CAPITAN DRIVE ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Chris Myers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CHRISTOPHER MYERS, PRESIDENT FEB 22, 2005, 386-734-7293 Date Daytime Phone #