## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000091187

CROUSHORE, BRUCE J

265 S WATER STREET

1200 SERTOMA DRIVE

( ) Delete

MOBILE, AL 36601

HENDRY, AARON

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

Entity Name: TAMPA BAY SHIPBUILDING & REPAIR CO., INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
C/O JAMES W. GOODWIN 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602				C/O JAMES W. GOODWIN 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602	
Current Mailing Address:				New Mailing Address:	
C/O JAMES W. GOODWIN 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602				C/O JAMES W. GOODWIN 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602	
FEI Number:	59-3608266	FEI Number Applied Fo	r() FEI Nui	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
GOODWIIN, JAMES W 400 NORTH TAMPA STREET SUITE 2300 TAMPA, FL 33602 US				GOODWIIN, JAMES W 201 N. FRANKLIN STREET SUITE 2000 TAMPA, FL 33602 US	
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.					
SIGNATURE: JAMES W. GOODWIN				04/29/2005	
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	265 S WAT	()Delete HOMAS B JR ERS STREET - 36601		Title: (Name: Address: City-St-Zip:	( ) Change( ) Addition
Title:	VPS	( ) Delete		Title:	( ) Change ( ) Addition

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: VCFO () Delete Title: () Change () Addition HELTON, ELGÍN Name: Name: Address: 1130 MCCLOSKEY BLVD Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELGIN HELTON VCFO 04/29/2005

() Change () Addition