


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 575061 1. Entity Name THE ALBATROSS, INC.	
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Principal Place of Business 606 BALD EAGLE DRIVE, SUITE 500 P O BOX ONE MARCO ISLAND, FL 34145	Mailing Address PO BOX ONE MARCO ISLAND, FL 34146 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1963481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R. ESQUIRE
 606 BALD EAGLE DRIVE, SUITE 500
 ISLAND TOWER BUILDING
 MARCO ISLAND, FL 34145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000075865
 03/04/04-80004-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWARD, CRAIG R. 606 BALD EAGLE DR. #500 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEEHR, GERDA 143 WILLOW ST ACTON, MA 01720
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: G. GEEHR 2/24/04 239 394-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #