


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 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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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1963481	Applied For 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 WOODWARD, CRAIG R. ESQUIRE 606 BALD EAGLE DRIVE, SUITE 500 ISLAND TOWER BUILDING MARCO ISLAND, FL 34145	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	
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	

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03/11/05-80025-007 150.00

**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)(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: <u>Gerda GEEHR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/26/05</u> <small>Date</small>	<u>239 394-5161</u> <small>Daytime Phone #</small>
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