

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90012 018 ***150.00

DOCUMENT # H44451
 1. Entity Name
 PIRATE'S ISLAND OF PANAMA CITY, INC.



34016433

Principal Place of Business: 9518 FRONT BCH. RD. PANAMA CITY BCH., FL 29597 US
 Mailing Address: 813 2ND AVE. NORTH P O BOX 785 N MYRTLE BCH., SC 29597



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

01282004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 59-2505876
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEE, SCOTT W.
 241 E. RUBY AVE.
 SUITE D
 KISSIMMEE, FL 34741

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZITTO, KENNITH A.	
STREET ADDRESS	104 LONG FELLOW RD.	
CITY-ST-ZIP	SADBURY, MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, SCOTT	
STREET ADDRESS	RT 5 BOX 152	
CITY-ST-ZIP	FT MYERS BCH., FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEMATTIO, DEAN	
STREET ADDRESS	141 N GATE ROAD	
CITY-ST-ZIP	MYRTLE BCH, SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	MERRELL, THOMAS A. JR.	
STREET ADDRESS	104 HOLLY LANE	
CITY-ST-ZIP	N MYRTLE BCH, SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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: Dean Demattio Date: 3/6/04 Daytime Phone #: 843-249-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR