

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017710

FILED
Apr 15, 2009
Secretary of State

Entity Name: ROYAL CONQUEST PIRATE CRUISE, INC.

Current Principal Place of Business:

140 BOARDWALK PLACE WEST
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9697
TREASURE ISLAND, FL 33740

New Mailing Address:

FEI Number: 30-0043230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY-PINCKNEY, TRACEY
12920 HIBISCUS AVE.
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PINCKNEY, THOMAS
Address: 12920 HIBISCUS AVE
City-St-Zip: SEMINOLE, FL 33776

Title: PRES () Delete
Name: KENNEDY-PINCKNEY, TRACEY
Address: 12920 HIBISCUS AVE
City-St-Zip: SEMINOLE, FL 33776

Title: VP () Delete
Name: PINCKNEY, THOMAS
Address: 12920 HIBISCUS AVE
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: KENNEDY-PINCKNEY, TRACEY
Address: 12920 HIBISCUS AVE.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACEY KENNEDY-PINCKNEY

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date