


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 003 ***150.00

DOCUMENT # P02000042327

1. Entity Name
FINS, TAILS AND ODYSSEAS, INC.



Principal Place of Business
 142 NE 11TH ST
 CRYSTAL RIVER, FL 34428

Mailing Address
 POST OFFICE BOX 520
 CRYSTAL RIVER, FL 34423

54054848



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 531 S.W. 1ST AVE.
 Suite, Apt. #, etc.

03052003 Chg-P CR2E034 (10/03)

City & State
 CRYSTAL RIVER FL

4. FEI Number
 71-0878331

Applied For
 Not Applicable

Zip
 34429

Country
 USA

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

6. Name and Address of Current Registered Agent

BARNES, G. MAX
 441 N.E. 1ST ST.
 CRYSTAL RIVER, FL 34428

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 \$550.00
Due by September 8, 2004

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	ZELNERONOK, NICHOLAI
STREET ADDRESS	POST OFFICE BOX 3087
CITY-ST-ZIP	HOMOSSASSA SPRINGS, FL 34447
TITLE	D <input type="checkbox"/> Delete
NAME	DESAI, PARESH G
STREET ADDRESS	POST OFFICE BOX 3087
CITY-ST-ZIP	HOMOSSASSA SPRINGS, FL 34447
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ROBBINS, DAVID W
STREET ADDRESS	POST OFFICE BOX 520
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DOBSON, JOSEPH
STREET ADDRESS	POST OFFICE BOX 3087
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
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: _____ **5/11/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54024848

Fins, Tails & OdySeas, Inc.
Attention: Nicholai Zelneronok
531 S.W. 1st Ave.
Crystal River, FL 34429

May 12, 2004

Florida Department of State, Division of Corporations
Glenda E. Hood, Secretary of State
Post Office Box 6327
Tallahassee, FL 32414

RE: Fins, Tails & OdySeas, Inc.; Uniform Business Report
Document # P02 0 0 0 0 4 2 3 2 7

Dear Ms. Hood:

Enclosed please find a check payable to the Florida Department of State in the amount of \$150.00, the required filing fee. Please note no late or reinstatement fee is included therein as Fins, Tails & OdySeas did not receive the First Notice of the 2004 Uniform Business Report.

Please use the above letterhead address for all future correspondence.

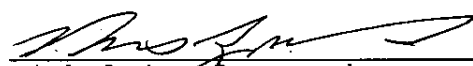
Enclosed please find an executed Annual Report reflecting a changed mailing address.

Embarrassingly, we had to be alerted by our Company's CPA that the fee had not been paid. That notification, received just yesterday, was the impetus for this correspondence. We are not in the habit of withholding payment on any such fees; we not having (timely) completed and filed the UBR was only because we were unaware it was due. In the future, we will anticipate its receipt at my home address (as indicated above) and respond immediately with signatures and fees.

Please accept the enclosed as having been timely filed because the address used in sending the "Annual Report Notice" was incorrect.

Thank you for your keen and prompt attention to this request.

Respectfully,


Nicholai Zelneronok
Director

cc: Barnes and Cohen CPA's, PA
Post Office Box 490
Crystal River, FL 34423