

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046361

**FILED**  
**Feb 27, 2004**  
**Secretary of State**

**Entity Name:** CRUISE FAMILY INC.

**Current Principal Place of Business:**

3404 ORINOCO LANE  
MARGATE, FL 33063

**New Principal Place of Business:**

12595 85TH ROAD NORTH  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

3404 ORINOCO LANE  
MARGATE, FL 33063

**New Mailing Address:**

12595 85TH ROAD NORTH  
WEST PALM BEACH, FL 33412

**FEI Number:** 82-0552047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSNER, AUDREY V  
3404 ORINOCO LANE  
MARGATE, FL 33063

**Name and Address of New Registered Agent:**

GASSNER, AUDREY V  
12595 85TH ROAD NORTH  
WEST PALM BEACH, FL 33412

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: AUDREY GASSNER

02/27/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GASSNER, AUDREY V  
Address: 3404 ORINOCO LANE  
City-St-Zip: MARGATE, FL 33063

Title: V ( ) Delete  
Name: BARSON, LINDA E  
Address: 3404 ORINOCO LANE  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GASSNER, AUDREY V  
Address: 12595 85TH ROAD NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: V (X) Change ( ) Addition  
Name: BARSON, LINDA E  
Address: 12595 85TH ROAD NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AUDREY GASSNER

PRES

02/27/2004

Electronic Signature of Signing Officer or Director

Date