

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051927

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** ALL SEAS CRUISES & TRAVEL INC.

**Current Principal Place of Business:**

12730 NEW BRITTANY BLVD.  
SUITE 424  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12730 NEW BRITTANY BLVD.  
SUITE 424  
FT. MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-0500823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH-DOLLMAN, SUZANNE  
12730 NEW BRITTANY BLVD.  
SUITE 424  
FT. MYERS, FL 33907 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: MR ( ) Delete  
Name: DOLLMAN, PAUL G  
Address: 5625 GOETZ DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: MS ( ) Delete  
Name: SMITH-DOLLMAN, SUZANNE  
Address: 5625 GOETZ DR  
City-St-Zip: FORT MYERS, FL 33919

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

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 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: SUZANNE SMITH-DOLLMAN

MS

06/30/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.