


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000097690
 1. Entity Name
 NAUTICAL OUTFITTERS CORP.



Principal Place of Business Mailing Address
 10351 72ND ST N 10351 72ND ST N
 LARGO, FL 34647 LARGO, FL 34647



06162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 11-3523358 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GLEN, JAMES
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	VPD
NAME	STEFANO, JOSEPH D
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	S
NAME	LAMB, ANTHONY
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	D
NAME	FLAXMAN, JOAN
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	D
NAME	DEVINE, ROBERT
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	D
NAME	PIVAR, STUART
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647

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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: JF D: Stefano JF D: STEFANO 6/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #