


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 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

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FCI Number 11-3523358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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

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 01/14/05-80021-001 150.00

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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)(f), 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: Joe DiStefano Joe DiStefano 1/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #