2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60461

FILED Apr 06, 2009 Secretary of State

Entity Name: A.S.A.P. CRUISES, INCORPORATED

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	LIPS HWY.			
UITE 13 ACKSON	IVILLE, FL 32	256		
urrent M	lailing Addre	ss:	New Mailing Addres	ss:
JITE 13	LIPS HWY.			
ACKSON	IVILLE, FL 32	256		
I Number	: 59-3138356	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	& GLAZIER, F IMETER PAR			
I E 304				
	IVILLE, FL 32		ournose of changing its registers	ed office or registered agent, or both
ne above the State	named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
ne above the State	e named entity e of Florida RE:			ed office or registered agent, or both, Date
ne above the State GNATUI	named entity e of Florida. RE: Electro	submits this statement for the p		
ne above the State GNATUI	named entity e of Florida. RE: Electro	submits this statement for the particle of Registered Aging Trust Fund Contribution ().	ent	
ne above the State GNATUI	e named entity e of Florida. RE: Electro mpaign Financii S AND DIREC PD (MURACA, SAI 12660 BRAD)	submits this statement for the prince Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete M,	ent	Date
ne above the State GNATUF ection Car FFICER: de: me: dress:	e named entity e of Florida. RE: Electro mpaign Financii S AND DIREC PD (MURACA, SAI 12660 BRADY JACKSONVILI SD (MURACA, SHI 12660 BRADY	submits this statement for the price Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete M, ' ROAD LE, FL 322232502) Delete ERYL	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERYL K MURACA SD 04/06/2009