## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 542122** 1. Entity Name 03-01-2006 90036 015 \*\*\*150.00 THE NAUTICAL EMPORIUM, INC. Principal Place of Business Mailing Address 1362 SE 17 ST FT LAUDERALE FL 33316 2607 BARBARA DR FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 2607 Barbara Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1764389 Fort LAUDERUALE Not Applicable Zip Country Country \$8.75 Additional 33316 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ SCHWARTZ, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1362 S.E. 17TH STREET FORT LAUDERDALE, FL 33316 2607 BARBARA DRIVE FORT LAUGER DALE 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition SCHWARTZ, RICHARD L. NAME 2607 BARBARA DRIVE STREET ADDRESS 26007 BARBARA DR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP Delete TUTE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

**FILED**