


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 006 ****61.25

DOCUMENT # 723510
1. Entity Name
ADMIRALTY HOUSE, INC.



Principal Place of Business Mailing Address
140 SEAVIEW COURT 140 SEAVIEW COURT
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, PA C/O HER O B
BANK OF AMERICA CENTER
4501 TAMiami TRAIL N., SUITE 214
NAPLES FL 34103-0000**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOONEY, THOMAS W 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRACHT, CHARLES H 140 SEAVIEW CT MARCO ISLAND FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGERT, JEAN 140 SEAVIEW CT. MARCO ISLAND FL 33962 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAHABEDIAN, JOHN 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOX, SONDRAL 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYDE, LAWRENCE E 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASCOCK, ANN H. 140 SEAVIEW COURT #105-N MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPHEN H. FOX 140 SEAVIEW COURT #501-S MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELO F. GALLO 140 SEAVIEW COURT #503-S MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREG MITRAKAS 140 SEAVIEW COURT, #803-S MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT MANNINO 140 SEAVIEW COURT #1802-N MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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  **Charles H. Kracht, Treasurer** 2/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #