


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90034 029 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 723510 | |  | |
| 1. Entity Name ADMIRALTY HOUSE, INC. | | | |
| Principal Place of Business 140 SEAVIEW COURT MARCO ISLAND FL 34145 US | | Mailing Address 140 SEAVIEW COURT MARCO ISLAND FL 34145 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/07)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-1584423 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BECKER & POLIAKOFF, P.A. % JOSEPH E. ADAMS 4501 TAMIAMI TRAIL N. STE. 214 NAPLES FL 34103-0000 | | 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, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GLASCOCK, ANN H 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DARRELL F. WATERS 140 SEAVIEW COURT #1002-S MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KRACHT, CHARLES H 140 SEAVIEW CT #1206-N MARCO ISLAND FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD, TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FOX, STEPHEN H 140 SEAVIEW CT. MARCO ISLAND FL 33962 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARLES L. Harty 140 SEAVIEW CT. #303-S MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GALLO, ANGELO F 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLE, ARTHUR A 140 SEAVIEW COURT 1405N MARCO ISLAND FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANNINO, VINCENT 140 SEAVIEW COURT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERVIN BUTTS 140 SEAVIEW CT. #505-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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: *Charles Kracht* Treasurer 3/19/08 239-394-7703



ATTACHMENT 40057422
#723518

ADMIRALTY HOUSE, INC.

140 SEAVIEW COURT • MARCO ISLAND, FLORIDA 34145 • 239-394-7703 • FAX: 239-394-9521

ADDITIONAL DIRECTOR

FRANCISCUS W. JUNGSLAGER
140 SEAVIEW COURT #1002-N
MARCO ISLAND, FL 34145