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

Mar 02, 2004 8:00 am **DOCUMENT # 756961 Secretary of State** 1. Entity Name 03-02-2004 90050 007 ****61.25 THE ADMIRALTY, INC. Principal Place of Business Mailing Address 2511 BAY BLVD C INDIAN ROCKS BEACH FL 33785 2240 BELLAIR ROAD PPYCLUBA SUITE 190 CLEARWATER FL 33764 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2100836 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOX, JEFF Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR RD, STE 190 CLEARWATER FL 33764 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition MORRISEY, KENNETH NAME NAME 2515 C. BAY BLVD. STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-7IP CITY-ST-7IP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORRISEY, ED NAME MAME 2515 A BAY BLVD. STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PHILLIPS, BRETT -NAME NAME 2515 B BAY BLVD STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE FOX, KATHY NAME NAME 2511 B BAY BLVD STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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.

SIGNING OFFICER OR DIRECTOR

FILED