

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004639

FILED
Apr 30, 2009
Secretary of State

Entity Name: VIKING SPORTS CRUISERS-FLORIDA, INC.

Current Principal Place of Business:

ROUTE 9 ON THE BASS RIVER
NEW GRETN, NJ 08224

New Principal Place of Business:

Current Mailing Address:

ROUTE 9 ON THE BASS RIVER
NEW GRETN, NJ 08224

New Mailing Address:

FEI Number: 65-1011753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALEY, ROBERT T
1550 AVENUE C
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HEALEY, ROBERT T
Address: 12440 SUNNYDALE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: CARROLL, THOMAS S
Address: 3540 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V () Delete
Name: HEALEY, WILLIAM J
Address: 1100 POWELL DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: STV () Delete
Name: STRAUB, GERARD D
Address: 4 VALLEY FORGE PLACE
City-St-Zip: LAUREL SPRINGS, NJ 08021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS S CARROLL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date