


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90061 016 ***150.00

DOCUMENT # F03000000417

1. Entity Name
TITAN CRUISE LINES, INC.



Principal Place of Business
**100 FIRST AVENUE SOUTH
 SUITE 206
 ST PETERSBURG, F 33701**

Mailing Address
**100 FIRST AVENUE SOUTH
 SUITE 206
 ST PETERSBURG, F 33701**

50013585



2. Principal Place of Business
100 First Avenue South

3. Mailing Address
100 First Avenue South

Suite, Apt. #, etc.
Box 2006

Suite, Apt. #, etc.
Box 2006

01182005 Chg-P CR2E034 (10/03)

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
98-0381863

Applied For
 Not Applicable

Zip
33701

Country
Pinellas

Zip
33701

Country
Pinellas

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCHENK, ROBERT
 100 FIRST AVENUE SOUTH
 SUITE 206
 ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
Robert Schenk

Street Address (P.O. Box Number is Not Acceptable)
100 First Avenue South

Box 2006

City
St. Petersburg

FL Zip Code
33701

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 _____ **Robert H. Schenk** _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STEFFES, HOWARD 100 FIRST AVENUE SOUTH, SUITE 206 ST PETERSBURG, F 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFES, HOWARD 100 FIRST AVENUE SOUTH, SUITE 206 ST PETERSBURG, F 33701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SCHENK, ROBERT H 100 FIRST AVENUE SOUTH, SUITE 206 ST PETERSBURG, F 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BARBOUR, PAUL 100 FIRST AVENUE SOUTH, SUITE 206 ST PETERSBURG, F 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPISTA, LAWRENCE 100 FIRST AVENUE SOUTH, SUITE 206 ST PETERSBURG, F 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY, THOMAS 100 FIRST AVENUE SOUTH, SUITE 206 ST PETERSBURG, F 33701 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, CEO Steffes, Howard O., Jr. 100 First Avenue South, Box 2006 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manner, John 100 First Avenue South, Box 2006 St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, S Schenk, Robert H. 100 First Avenue South, Box 2006 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Barbour, Paul 100 First Avenue South, Box 2006 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Capista, Lawrence 100 First Avenue South, Box 2006 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dempsey, Thomas 100 First Avenue South, Box 2006 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input 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 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.

SIGNATURE: Robert H. Schenk **Robert H. Schenk** 2-4-05 **727-287-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

~~F03000000417~~
~~50013585~~

Additions to Officers and Directors:

Title: D
Name: Lande, Herbert
Address: 100 First Avenue South, Box 2006
St. Petersburg, FL 33701

Title: D
Name: Ward, Joseph
Address: 100 First Avenue South, Box 2006
St. Petersburg, FL 33701

Title: D
Name: Gary Perinar
Address: 100 First Avenue South, Box 2006
St. Petersburg, FL 33701

Title: D
Name: Robert Smith
Address: 100 First Avenue South, Box 2006
St. Petersburg, FL 33701