



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90276 047 ****61.25

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # F97000003105 1. Entity Name NAUTICAL ENDEAVORS INC. | | | |  | |
| Principal Place of Business 11 LAKESHORE DR KEY LARGO, FL 33037 | | | Mailing Address 11 LAKESHORE DR KEY LARGO, FL 33037 | | |
| 2. Principal Place of Business <i>11 Lakeshore Dr.</i> Suite, Apt. #, etc. | | 3. Mailing Address <i>11 Lakeshore Dr.</i> Suite, Apt. #, etc. | |  | |
| City & State <i>Key Largo FL</i> Zip <i>33037</i> | | City & State <i>Key Largo FL</i> Zip <i>33037</i> | | 4. FEI Number 65-0754437 | |
| Country <i>Marion</i> | | Country <i>Marion</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VAN STILLMAN, L ESQ 301 YAMATO RD. SUITE 1200 BOCA RATON, FL 33431 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | | | | | |
| TITLE | SDT <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLIER, ANN D | | NAME | | |
| STREET ADDRESS | 97 BAILEY ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WICKUM, SHERYL R | | NAME | | |
| STREET ADDRESS | 11 LAKE SHORE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 title empowered. | | | | | |
| SIGNATURE: <i>Meryl R. Heckum</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <i>4-11-2004 954-9076827</i> <small>Date Daytime Phone #</small> | | |