2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H84047

1. Entity Name

CRUISE CONCEPTS, INC.

Principal Place of Business	Mailing Address
34034 U. S. HIGHWAY 19 NORTH %MARIE M. CASELLA PALM HARBOR FL 34684	34034 U. S. HIGHWAY 19 NORTH %MARIE M. CASELLA PALM HARBOR FL 34684

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite. Apt. #, etc
City & State	City & State

4. FEI Number 59-2628763	Applied For / Not Applicable

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASELLA, MARIE M. 1329 ENISWOOD PKY PALM HARBOR FL 34683	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASELLA, MARIE M.		NAME		U00000226713
STREET ADDRESS	1329 ENISWOOD PKWY		STREET ADDRESS		02/12/05--80027-006 150.00
CITY ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		

TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREIRA, BARBARA A.		NAME		
STREET ADDRESS	1329 ENISWOOD PKWY		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ 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		

TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: _____ MARIE CASELLA 02/10/05 (727) 784-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #