

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


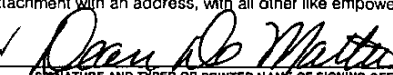
**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90146 034 \*\*\*150.00

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01292005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # H97539</b>			
1. Entity Name PIRATE'S ISLAND OF KISSIMMEE, INC.			
Principal Place of Business 4330 WIRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 32741 US		Mailing Address 813 2ND AVE NORTH POST OFFICE BOX 785 NORTH MYRTLE BEACH, SC 29597	
2. Principal Place of Business		3. Mailing Address 1064 SEA MOUNTAIN HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P O Box 3409	
City & State		City & State NORTH MYRTLE BEACH, SC	
Zip	Country	Zip	Country
		29582	
4. FEI Number 59-2646309		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEE, SCOTT W. 241 E. RUBY AVE. SUITE D KISSIMMEE, FL 32741		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, SCOTT 2261 MAIN SAIL COVE KISSIMMEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S LEE, SCOTT 2261 MAIN SAIL COVE KISSIMMEE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMATTIO, DEAN 141 N. GATE RD. MYRTLE BCH., SC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANDLER, LARRY 1406 GOLFVIEW DR. N. MYRTLE BCH., SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERRELL, TOM 104 HOLLY LANE MYRTLE BEACH, SC 29572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERRELL, TOM 104 HOLLY LANE MYRTLE BEACH, SC 29572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 		3/3/05 184322-7369	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	