2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # H97539

1. Entity Name
PIRATE'S ISLAND OF KISSIMMEE, INC.

Principal Place of Business	Mailing Address
4330 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 32741 US	1064 SEA MOUNTAIN HWY PO BOX 3409 NORTH MYRTLE BEACH, SC 29582

DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2646309
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, SCOTT W.
241 E. RUBY AVE.
SUITE D
KISSIMMEE, FL 32741

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000859762
04/02/08-80035-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	LEE, SCOTT
STREET ADDRESS	2261 MAIN SAIL COVE
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	T
NAME	DEMATTIO, DEAN
STREET ADDRESS	141 N. GATE RD.
CITY-ST-ZIP	MYRTLE BCH., SC
TITLE	D
NAME	THOMPSON, PATTY D
STREET ADDRESS	1406 GOLFVIEW DR.
CITY-ST-ZIP	NORTH MYRTLE BEACH, SC 29582
TITLE	VP
NAME	MERRELL, TOM
STREET ADDRESS	104 HOLLY LANE
CITY-ST-ZIP	MYRTLE BEACH, SC 29572
TITLE	D
NAME	MERRELL, PATRICIA V
STREET ADDRESS	104 HOLLY LN
CITY-ST-ZIP	MYRTLE BEACH, SC 29572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3/12/08 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #