

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H97539

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

4330 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 32741 US

New Principal Place of Business:

Current Mailing Address:

1064 SEA MOUNTAIN HWY
PO BOX 3409
NORTH MYRTLE BEACH, SC 29582

New Mailing Address:

FEI Number: 59-2646309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: LEE, SCOTT,
Address: 2261 MAIN SAIL COVE
City-St-Zip: KISSIMMEE, FL

Title: T () Delete
Name: DEMATTIO, DEAN,
Address: 141 N. GATE RD.
City-St-Zip: MYRTLE BCH., SC

Title: D () Delete
Name: THOMPSON, PATTY D
Address: 1406 GOLFWIEW DR.
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

Title: VP () Delete
Name: MERRELL, TOM
Address: 104 HOLLY LANE
City-St-Zip: MYRTLE BEACH, SC 29572

Title: D () Delete
Name: MERRELL, PATRICIA V
Address: 104 HOLLY LN
City-St-Zip: MYRTLE BEACH, SC 29572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN DEMATTIO

T

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date