


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # K01590 1. Entity Name PIRATES COVE FLORIDA PLAZA, INC.	
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Principal Place of Business 2845 FLORIDA PLAZA BLVD. KISSIMMEE, FL 34746 US	Mailing Address PO BOX 3409 NORTH MYRTLE BEACH, SC 29582 US
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2869920	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

LEE, SCOTT W.
2261 MAINGAIL COVE
KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

U000000667870
03/27/07-80005-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEMATTIO, DEAN 141 N. GATE RD MYRTLE BEACH, SC 29572
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNT, EDWARD 2114 NORWOOD DRIVE MIDLAND, MI 48640
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, SCOTT 2261 MAINSAIL COVE KISSIMMEE, FL 34746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAFT, EDWARD H. 2323 US 3 N TRAVERSE CITY, MI 49686
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: Dean De Mattio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/07 1843-272-7369

Dean Demattio