

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K01590**

1. Entity Name  
PIRATES COVE FLORIDA PLAZA, INC.



Principal Place of Business  
2845 FLORIDA PLAZA BLVD.  
KISSIMMEE, FL 34746 US

Mailing Address  
PO BOX 3409  
NORTH MYRTLE BEACH, SC 29582 US



02062008 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 ☐ \$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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000857673  
04/01/08-80013-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PTD  
DEMATTIO, DEAN  
141 N. GATE RD  
MYRTLE BEACH, SC 29572

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VD  
LUNT, EDWARD  
2114 NORWOOD DRIVE  
MIDLAND, MI 48640

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SD  
LEE, SCOTT  
2261 MAINSAIL COVE  
KISSIMMEE, FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VD  
GRAFT, EDWARD H.  
2323 US 3 N  
TRAVERSE CITY, MI 49686

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**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 DeMattio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/3/12/08*  
Date

843-249-3334  
Daytime Phone #