


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90133 036 ****61.25

DOCUMENT # N04000000833	
1. Entity Name PIRATES OF LOST TREASURE, INC.	



Principal Place of Business 13430 GULF BEACH HIGHWAY PENSACOLA, FL 32507	Mailing Address P.O. BOX 34477 PENSACOLA, FL 32507
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number 01-0805277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YOUNG, BRIAN 13430 GULF BEACH HIGHWAY PENSACOLA, FL 32507		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LOWERY, JR., TOM STREET ADDRESS P.O. BOX 34477 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE PD Browning, Kathleen STREET ADDRESS PO Box 34477 Pensacola FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BROWNING, KATHLEEN STREET ADDRESS P.O. BOX 34477 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE VD Matherly, Jim STREET ADDRESS PO Box 34477 Pensacola FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MIXON, JAMIE STREET ADDRESS P.O. BOX 34477 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE SD Mixon, Jamie STREET ADDRESS PO Box 34477 Pensacola FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SHARP, LYRA STREET ADDRESS P.O. BOX 34477 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE TD Brian Young STREET ADDRESS PO Box 34477 Pensacola FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRADDOCK, JAN STREET ADDRESS PO BOX 34477 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE D Braddock, Jan STREET ADDRESS PO Box 34477 Pensacola FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MC CREERY, LEE STREET ADDRESS PO BOX 34477 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE D PATTERSON, Chris STREET ADDRESS PO Box 34477 Pensacola FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: B. Brian Young **3/13/2006** **850-492-9696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #