


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90239 028 ****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		
2. Principal Place of Business - No P.O. Box # 13522 CANAL DR Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Pensacola FL			City & State 		
Zip 32507		Country Escondido		Zip Country	
4. FEI Number 01-0805277				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, BRIAN 13430 GULF BEACH HIGHWAY PENSACOLA FL 32507			7. Name and Address of New Registered Agent Name Young, Brian Street Address (P.O. Box Number is Not Acceptable) 13522 CANAL DRIVE City Pensacola FL Zip Code 32507		
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 <u><i>B. Brian Young</i></u> 4/6/07 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY- ST- ZIP	PD BROWING, KATHLEEN P.O. BOX 34477 PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Ouzts, Ben PO Box 34477 Pensacola FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MATHERLY, JIM P.O. BOX 34477 PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD Walton, John Same As Above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MIXON, JAMIE P.O. BOX 34477 PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Sasser, Nita Same As Above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD YOUNG, BRIAN P.O. BOX 34477 PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD Braddock, Jan Same As Above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRADDOCK, JAN PO BOX 34477 PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Smith, Roger Same As Above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PATTERSON, CHRIS PO BOX 34477 PENSACOLA FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Derrick, Charlotte Same As Above	<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 Section 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: <u><i>Charlotte Derrick</i></u> 4/6/07 850-602-2939 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					