

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000833

FILED
Mar 31, 2009
Secretary of State

Entity Name: PIRATES OF LOST TREASURE, INC.

Current Principal Place of Business:

5847 GARCON BLVD.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34477
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 01-0805277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ROGER
5847 GARCON BLVD.
PENSACOLA, FL 32507 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTER, PHIL
Address: P.O. BOX 34477
City-St-Zip: PENSACOLA, FL 32507

Title: VD () Delete
Name: WALTERS, MICAH
Address: P.O. BOX 34477
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: DERRICK, CHARLOTTE
Address: P.O. BOX 34477
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: CONNERLY, KEITH
Address: P.O. BOX 34477
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: SMITH, ROGER
Address: PO BOX 34477
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: BURCH, CINDY
Address: PO BOX 34477
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRADDOCK, JAN
Address: 4005 SHOREWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: VPD (X) Change () Addition
Name: BURCH, BRIAN
Address: 1240 BARTRAM LANE
City-St-Zip: PENSACOLA, FL 32507

Title: SD (X) Change () Addition
Name: SASSER, NITA
Address: 5200 MEDINA RD
City-St-Zip: PENSACOLA, FL 32507

Title: TD (X) Change () Addition
Name: SMITH, ROGER
Address: 5847 GARCON BLVD
City-St-Zip: PENSACOLA, FL 32507

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SMITH

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date