2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N05000003078

Entity Name: PIRATES OF SAINT JOSEPH BAY, INC.

Current Principal Place of Business:

801 GARRISON AVENUE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

801 GARRISON AVENUE
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERSON, SCOTT
801 GARRISON AVENUE
PORT ST JOE, FL 32456 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: D ( ) Delete
Name: DAVIS, TOMMY
Address: 521 E 4TH STREET
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: LAMBERSON, SCOTT
Address: 801 GARRISON AVE
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: HUIE, POLLYANNA
Address: 208 EIGHTH STREET B
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: DAVIS, CAROL
Address: 521 E 4TH STREET
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: LAMBERSON, SANDRA
Address: 801 GARRISON AVE
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CAROL DAVIS D 04/30/2007

Electronic Signature of Signing Officer or Director — Date