

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007734

FILED
Apr 17, 2009
Secretary of State

Entity Name: EXCALIBUR SAILING ADVENTURES, INC.

Current Principal Place of Business:

73800 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1405
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 26-0672392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORING, CRAIG
17 POINCIANA DRIVE
KEY LARGO, FL 33036 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: CEO () Delete
Name: DORING, CRAIG B
Address: 17 POINCIANA DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: DRAKE, MELISSA
Address: 302 N. 6TH STREET
City-St-Zip: MURRAY, KY 42071

Title: D () Delete
Name: LAWRENCE, STEPHEN
Address: 520 SW 7TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

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:

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: CRAIG DORING

CEO

04/17/2009

Electronic Signature of Signing Officer or Director

Date