

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 029 ****70.00



DOCUMENT # N25433
1. Entity Name
NAVY SEA BEE VETERANS ISLAND X12, INC.

Principal Place of Business Mailing Address
C/O LOUIS URSILLO C/O LOUIS URSILLO
7824 MANFIELD HOLLOW RD. 7824 MANFIELD HOLLOW RD.
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
36-3382061 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
URSILLO, LOUIS
7824 MANSFIELD HOLLOW RD.
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent
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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRINE, MICHAEL	
STREET ADDRESS	P O BOX 3682	
CITY-ST-ZIP	LAKE WORTH FL 33465	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STUFFER, ADOLPH	
STREET ADDRESS	6304 SILVER MOON LN	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORTTER, LESTER L	
STREET ADDRESS	26398 W EMORY DR. VILLA F	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, WILLIAM	
STREET ADDRESS	5600 POINETTA #1907	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	URSILLO, LOUIS	
STREET ADDRESS	7824 MANSFIELD HOLLOW RD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINELLI, HAROLD	
STREET ADDRESS	1507 SW 21 ST	
CITY-ST-ZIP	BOYNTON BCH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Louis Ursillo* **5/1/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #