

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90217 003 \*\*\*150.00

DOCUMENT # P00000050623

1. Entity Name  
PIRATES COVE, INC.



Principal Place of Business

3501 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32129-18

Mailing Address

3501 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32129-18

60033124



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3648553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROASMUN, ROBERT M  
85 TUMBLER DR - BOX 291367  
PORT ORANGE, FL 32129 -1367

**DO NOT WRITE  
IN THIS SPACE**

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

*Robert M. Croasmun* Robert M. CROASMUN

DATE

4-24-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME CROASMUN, ROBERT M  
STREET ADDRESS 85 TIMBLER DR BOX 291367  
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE VP  
NAME PEASE, CHARLES D V.PRES.  
STREET ADDRESS 3501 S. ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

TITLE SETR  
NAME CROASMUN, DIANA D SEC,TRS  
STREET ADDRESS 3501 S. ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

386 679 0607

Date

Daytime Phone #