

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90019 031 \*\*\*150.00

**DOCUMENT # P00000050623**

1. Entity Name  
PIRATES COVE, INC.



Principal Place of Business  
3501 S ATLANTIC AVE  
DAYTONA BEACH, FL 32118

Mailing Address  
~~3501 S ATLANTIC AVE~~  
~~DAYTONA BEACH, FL 32118~~  
PO Box 291367  
PORT ORANGE, FL 32129-1367



01272008 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  
2494 TOMOKA FARMS ROAD  
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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-08  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	2494 TOMOKA FARMS RD., BOX 291367
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	VPRE
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	
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08  
Date

386-679-0007  
Daytime Phone #