2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000089302

1. Entity Name
ADVANTAGE CRUISES & TOURS, INC.

Principal Place of Business	Mailing Address
4551-A MAINLANDS BLVD. PINELLAS PARK, FL 33782	4551-A MAINLANDS BLVD. PINELLAS PARK, FL 33782

03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3695497
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMMERICH, MARIE E
4551-A MAINLANDS BLVD.
PINELLAS PARK, FL 33782

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
~~After May 1, 2004 Fee~~ **will be $550.00**

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

U00000123129
04/21/04-80059-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EMMERICH, MARIE E
STREET ADDRESS	5911 69TH AVE. N
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	DV
NAME	STUHMER, CINDY LOU
STREET ADDRESS	5236 59TH ST. N
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	DT
NAME	STUHMER, JESSE MICHAEL
STREET ADDRESS	5236 59TH ST. N
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	DS
NAME	EMMERICH, DALE R
STREET ADDRESS	5911 69TH AVE. N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #