


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000115909		
1. Entity Name FLORIDA NAUTICAL CONCEPTS, INC.		
Principal Place of Business 4820 E IRLO BRONSON HWY ST. CLOUD, FL 34771	Mailing Address 4820 E IRLO BRONSON HWY ST. CLOUD, FL 34771	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOWDEN, TOM 4820 E IRLO BRONSON HWY ST. CLOUD, FL 34771		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOWDEN, TOM 2151 HICKORYWOOD CT. SAINT CLOUD, FL 34772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVD SCOWDEN, JEFF 3898 CREEK BED CIR. SAINT CLOUD, FL 34769	
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: <i>Tom Scowden</i> Tom Scowden Pres.		407-257-4410
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3701842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000307511
04/15/05-80058-011 150.00

**DO NOT WRITE
IN THIS SPACE**