

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90401 044 ***150.00

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1. Entity Name

CRUISING OUTFITTERS, INC.



Principal Place of Business

350 N. WASHINGTON AVENUE
SUITES A&B
TITUSVILLE FL 32796

Mailing Address

350 N. WASHINGTON AVENUE
SUITES A&B
TITUSVILLE FL 32796

2. Principal Place of Business

11 RIDGEWAY AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 248

Suite, Apt. #, etc.

City & State

COCOA, FL

Zip 32922

Country USA

City & State

COCOA, FL

Zip 32923

Country USA

4. FEI Number

59-3736886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

HILL, MICHAEL F
792 FLORENCIA CIR
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1025 ROCKLEDGE DR., #501A

City

ROCKLEDGE

FL

Zip Code

32955

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HILL, MICHAEL F
STREET ADDRESS 792 FLORENCIA CIR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ Delete
NAME HILL, SHEILA G
STREET ADDRESS 792 FLORENCIA CIR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1025 ROCKLEDGE DR., #501A
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1025 ROCKLEDGE DR., #501A
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Michael F. Hill MICHAEL F. HILL

4/02/04

321-633-9280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #