## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2005 08:00 AM Secretary of State **DOCUMENT # P01000098508** 1. Entity Name FANTASEA BOAT TOURS INC. Mailing Address Principal Place of Business 140 PEBBLE BEACH BLVD. 140 PEBBLE BEACH BLVD. NAPLES, FL 34113 NAPLES, FL 34113 CR2E034 (10/03) 03082005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3751574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DAVIS, CEDRIC DO NOT WRITE 140 PEBBLE BEACH BLVD. NAPLES, FL 34113 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DAVIS, CEDRIC NAME STREET ADDRESS 140 PEBBLE BEACH BLVD. U00000299273 94/11/05-801<mark>02-006 150.00</mark> NAPLES, FL 34113 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 mith all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED