


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90097 011 ***150.00

DOCUMENT # P02000016037	
1. Entity Name NAUTILUS GROUP, INC	

Principal Place of Business 91200 OVERSEAS HIGHWAY TAVERNIER, FL., 33070	Mailing Address PO BOX 4601 TAVERNIER, FL 33070 <i>SAME</i>
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66017022



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0610480	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEPAULA, WILLIAM 91200 OVERSEAS HIGHWAY TAVERNIER, FL 33070
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**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEPAULA, WILLIAM 91200 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEPAULA, CAROLYN 91200 OVERSEAS HIGHWAY TAVERNIER, FL 33070
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 5/6 / 05 ✓ 305-301-1631
Date Daytime Phone #