2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023164

Entity Name
 JUBILATION CRUISE LINES, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

128 OCEAN CT.

BOYNTON BCH, FL 33426

Mailing Address

128 OCEAN CT.

BOYNTON BCH, FL 33426



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 01-0613654 Not Applicable

5. Certificate of Status Desired

No Chg-P

04122004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HOUDT, ROBERT V 128 OCEAN CT. BOYNTON BCH, FL 33426

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the paons of registered agent.	eurpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
0.0.0.0.0.0	Signature, typed or printed name of registered agent and ittle	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN HOUDT, ROBERT 128 OCEAN CT. BOYNTON BCH, FL 33426		U00000132895 04/27/04-80065-013 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/04 Date

561-758-042K