


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P02000050969 |  |
| 1. Entity Name CRUISE AND TOURS, INC. | |

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| Principal Place of Business 241 WILLOW BEND WAY OSPREY, FL 34229 | Mailing Address 241 WILLOW BEND WAY OSPREY, FL 34229 |
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 01-0702176 | Applied For Not Applicable |
| 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 LORIGO, CHARLES C 241 WILLOW BEND WAY OSPREY, FL 34229 | |
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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 *Charles C. Lorigo* DATE 4-25-05

Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LORIGO, CHARLES C 241 WILLOW BEND WAY OSPREY, FL 34229 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LORIGO, KATHY 241 WILLOW BEND WAY OSPREY, FL 34229 |
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04/28/05-80049-002 150.00

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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: *Kathy Lorigo* DATE 4-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-918-9782