

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90109 043 ***150.00

DOCUMENT # P05000049024

1. Entity Name
DOUBLE DIAMOND COASTAL CRUISES INC.



Principal Place of Business
**PO BOX 1227
NEW SMYRNA BEACH, FL 32170**

Mailing Address
**PO BOX 1227
NEW SMYRNA BEACH, FL 32170**

40061858



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FFI Number

83-0428374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THURLOW, ROBERTS
415 CANAL STREET
NEW SMYRNA BEACH, FL 32168-7000~~

Name **MICHAEL G. MULHOLLAND**
Street Address (P.O. Box Number is Not Acceptable)
6348 PALMAS BAY CIRCLE

City **PORT-ORANGE**

FL

Zip Code **32127**

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)

4/18/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MULHOLLAND, MICHAEL G
STREET ADDRESS 6348 PALMAS BAY CIR.
CITY-ST-ZIP PORT ORANGE, FL 32127 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME RICHFORD, GEORGE
STREET ADDRESS 758 NAVIGATOR'S WAY
CITY-ST-ZIP EDGEWATER, FL 32141 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 G. MULHOLLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06
Date

Daytime Phone #