

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000004445

1. Entity Name
PIRATE'S ISLAND-DAYTONA BEACH SHORES, INC.



Principal Place of Business
**3420 S. ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**3420 S ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118**



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3151803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, SCOTT W
2261 MAINSAIL COVE
KISSIMMEE, FL 34746**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000482325

**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**

03/21/06-80032-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEE, SCOTT W
STREET ADDRESS	PO BOX 420699
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	FISHER JESSE
STREET ADDRESS	106 POWELL BLVD
CITY-ST-ZIP	WHITEVILL, NC 28472
TITLE	D
NAME	HICKS DWAIN R.
STREET ADDRESS	1400 OAK CREEK DR., N.W.
CITY-ST-ZIP	NEW PHILADELPHIA, OH
TITLE	D
NAME	DANNEN DWIGHT L.
STREET ADDRESS	811 N. WOODBINE RD.
CITY-ST-ZIP	ST. JOSEPH, MO
TITLE	T
NAME	DEMATTIO, DEAN
STREET ADDRESS	141 N GATE RD
CITY-ST-ZIP	MYRTLE BEACH, SC
TITLE	D
NAME	CONTINI MICHAEL
STREET ADDRESS	P.O. BOX 492 N/A
CITY-ST-ZIP	NEW PHILADELPHIA, OH 44663

**DO NOT WRITE
IN THIS SPACE**

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 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:

Dean De Mattio **DEAN DE MATTIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date

843-272-7369

Daytime Phone