

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**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**



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3151803</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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 BLB
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	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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/08-80051-001 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**843249-3334**