

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000032810

**Entity Name:** DUCK TOURS SEAFARI INC.

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

925 SEMINARY STREET  
2ND FLOOR  
KEY WEST, FL 33040

**New Principal Place of Business:**

113 KEY HAVEN RD  
KEY WEST, FL 33040

**Current Mailing Address:**

925 SEMINARY STREET  
2ND FLOOR  
KEY WEST, FL 33040

**New Mailing Address:**

113 KEY HAVEN RD  
KEY WEST, FL 33040

**FEI Number:** 65-0499676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, JOHN  
925 SEMINARY ST  
2ND FLOOR  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

MURPHY, JOHN  
113 KEY HAVEN RD  
KEY WEST, FL 33040 US

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.

SIGNATURE:

03/08/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MURPHY, JOHN F  
Address: 113 KEY HAVEN RD  
City-St-Zip: KEY WEST, FL 33040

Title: ST  
Name: MURPHY, NOEMI G  
Address: 113 KEY HAVEN RD  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F MURPHY

CEO

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date