## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2006 8:00 am Secretary of State **DOCUMENT # P94000057925** 05-04-2006 90217 048 \*\*\*150.00 ATOCHA TREASURE TOURS, INC. Principal Place of Business Mailing Address 40000161 74 TAMARINA DR. 1327 NORTH CENTRAL AVE. KEY WEST, FL 33040 SEBASTIAN, FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 65-0510660 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent H. Fisher VANDEVOORDE, RENE' G Street Address (P.O. Box Number is Not Acceptable) 1327 N. CENTRAL AVE. SEBASTIAN, FL 32958 Greene City ZP53640 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 (NOTE: Registered Agent signature requ DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE ☐ Delete TITLE ☐ Change Addition FISHER, JUANITA L NAME NAME 74 TAMARINA DR. STREET ADDRESS STREET ADDRESS CITY-ST-7P KEY WEST, FL CITY-ST-ZIP VSD Delete TITLE Change ☐ Addition TITLE FISHER, KIM NAME 74 TAMARINIA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

**FILED** 

Daytime Phone #