


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000077576	
1. Entity Name CASTAWAY NAUTICAL SERVICES, INC.	

Principal Place of Business 3170 N FEDERAL HWY 205A LIGHTHOUSE POINT, FL 33064 US	Mailing Address 3170 N FEDERAL HWY 205A LIGHTHOUSE POINT, FL 33064 US
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**DO NOT WRITE IN THIS SPACE**



03192004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0610935	Applied Fee Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FITZPATRICK, LAWRENCE 3170 N FEDERAL HWY SUITE 205 A POMPANO BEACH, FL 33064	<b>DO NOT WRITE IN THIS SPACE</b>
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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 of current or former registered agent and the filer. NOTE: The filer is liable in addition to the corporation for any misstatements.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Funds Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	UD0000093172 03/22/04-80007-012 150.00
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10. OFFICERS AND DIRECTORS	
NAME TITLE ADDRESS CITY	PD FITZPATRICK, LAWRENCE 2811 NE 48 ST. LIGHTHOUSE POINT, FL 33064
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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. 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, changed, or on an attachment, with an address, such as a power of attorney.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR