

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000100443

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA COASTAL CRUISES, INC.

**Current Principal Place of Business:**

921 LOCUST STREET  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

921 LOCUST STREET  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-3424094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYKA, TED  
921 LOCUST STREET  
NEW SMYRNA BEACH, FL 32169 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WYKA, TED  
Address: 921 LOCUST STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: TED WYKA

P

02/25/2011

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

\_\_\_\_\_  
Date