

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90094 005 ***158.75

DOCUMENT # P97000016509

1. Entity Name
CRUISERS CHARTERS & TOURS, INC.



Principal Place of Business
**2910 CARGO STREET
FORT MYERS, FL 33916**

Mailing Address
**2910 CARGO STREET
FORT MYERS, FL 33916**

2. Principal Place of Business
13281 Treeline Ave
Suite, Apt. #, etc.

3. Mailing Address
13281 Treeline Ave.
Suite, Apt. #, etc.



03232005 Chg-P CR2E034 (10/03)

City & State
Ft. Myers, FL
Zip
33912 Country
USA

City & State
Ft. Myers
Zip
33912 Country
USA

4. FEI Number
65-0732018 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YATES, KIMBERLY
2121 S.E. 18TH AVENUE
CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent

Name
Yates, Kimberly
Street Address (P.O. Box Number is Not Acceptable)
18876 Serenoa Ct.
City
Alva FL Zip Code
33920

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 required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
YATES, KIMBERLY
2121 S E 18 AVE
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
YATES, DONALD
2121 SE 18TH AVE
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Yates, Kimberly
18876 Serenoa Ct.
Alva, FL 33920** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Yates, Donald
18876 Serenoa Ct.
Alva, FL 33920** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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; 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: **Kimberly Yates** **Kimberly Yates (4-1-05) 239-226-0237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #