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May 19, 2004 8:00 am
Secretary of State
05-19-2004 90008 020 ***150.00

44045582

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000047100

1. Entity Name
ALLNAUTICAL.COM, INC.

Principal Place of Business	Mailing Address
13040 GANDY BLVD ST. PETERSBURG, FL 33702	13040 GANDY BLVD ST. PETERSBURG, FL 33702

03072003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3517992
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROFT, CLAUDIA L
13040 GANDY BLVD
ST. PETERSBURG, FL 33702

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 _____ DATE

FILE NOW!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CROFT, CLAUDIA L
STREET ADDRESS	13040 GANDY BLVD
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	DVPT
NAME	CROFT, HAROLD L
STREET ADDRESS	13040 GANDY BLVD
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President
NAME	Claudia Croft
STREET ADDRESS	13040 Gandy Blvd
CITY-ST-ZIP	St Pete 33702

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: _____ 5-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date