



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90077 044 \*\*\*150.00

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<b>DOCUMENT # P98000048126</b> 1. Entity Name INTERNATIONAL NAUTIC CORPORATION, INC.					
Principal Place of Business 50 S. US HWY ONE STE. 212 JUPITER, FL 33477			Mailing Address 50 S. US HWY ONE STE. 212 JUPITER, FL 33477		
2. Principal Place of Business 141 FISHERMANS WAY Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Jupiter FL		City & State			
Zip 33477		Country USA			
4. FEI Number 65-0896627		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  KITZINGER, LEILA 50 S. US HWY ONE STE 212 JUPITER, FL 33477			7. Name and Address of New Registered Agent Name LEILA KITZINGER Street Address (P.O. Box Number is Not Acceptable) 141 FISHERMANS WAY City Jupiter FL Zip Code 33477		
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 <u>Leila Gtz</u> DATE <u>2/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITZINGER, LEILA 50 S. US HWY ONE #212 JUPITER, FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: <u>Leila Gtz</u> DATE <u>2/10/05</u> DAYTIME PHONE # <u>561 7482557</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		