

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90038 038 ***150.00

DOCUMENT # P98000085689 1. Entity Name CRUISES-N-MORE, INC.			
Principal Place of Business 725 PRIMERA BLVD #215 LAKE MARY, FL 32746		Mailing Address 725 PRIMERA BLVD #215 LAKE MARY, FL 32746	
2. Principal Place of Business 610 CRESCENT EXECUTIVE CT Suite, Apt. #, etc. SUITE #220 City & State LAKE MARY, FL Zip 32746		3. Mailing Address 610 CRESCENT EXECUTIVE CT Suite, Apt. #, etc. SUITE #220 City & State LAKE MARY, FL Zip 32746	
			
		01052006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3538804		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEIDHARDT, PATRICIA C 610 CRESCENT EXECUTIVE COURT SUITE 220 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD NEIDHARDT, PATRICIA C 662 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEIDHARDT, DENNIS M 662 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Patricia C Neidhardt</i> <i>Dennis Neidhardt</i> 1/6/06 (407) 771-4454 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			