

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90008 041 ***150.00

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000098521			
1. Entity Name A CRUISE CONNECTION INC, OF DAYTONA BEACH			
Principal Place of Business 206 SEABREEZE BLVD DAYTONA BEACH, FL 32118		Mailing Address 1420 N. ATLANTIC AVENUE SUITE 102 DAYTONA BEACH, FL 32118	
2. Principal Place of Business 1420 N Atlantic Ave		3. Mailing Address	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc.	
City & State Daytona Beach FL		City & State	
Zip 32118	Country US	Zip	Country
4. FEI Number 59-3542612		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATO, VALERIE 1420 N. ATLANTIC AVENUE SUITE 601 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 <i>Valerie Salvato</i>		SIGNATURE <i>Valerie Salvato</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P SALVATO, VALERIE 1420 N. ATLANTIC AVENUE #601 DAYTONA BEACH, FL 32118 <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	VP SALVATO, NICHOLAS 1420 N. ATLANTIC AVENUE #601 DAYTONA BEACH, FL 32118 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.			
SIGNATURE <i>Valerie Salvato</i>		Date 1/13/04	Daytime Phone # 386 252-1991
Signature and typed or printed name of signing officer or director		Date	Daytime Phone #