

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000015697	
1. Entity Name CRUISES 'N MORE INC. OF JACKSONVILLE	

Principal Place of Business 2549 KERSHAW DR. (W.) JACKSONVILLE, FL 32211	Mailing Address 2549 KERSHAW DR. (W.) JACKSONVILLE, FL 32211
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04102006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3557272	Applied For ☐ Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POAG, DONALD H JR. 2700 UNIVERSITY BOULEVARD WEST BUILDING B JACKSONVILLE, FL 32247

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IN THIS SPACE**

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 *Donald H Poag Jr.* DATE *4-10-06*
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when consenting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POAG, MARJORIE D 2549 KERSHAW DR. W. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS POAG, DONALD H SR 2549 KERSHAW DR W. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC POAG, DONALD H JR 8551 PHILLIPS HWY SUITE 6 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/06-80092-008 158.75

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IN THIS SPACE**

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: *Donald H. Poag Jr.* - *Donald H. Poag Sr.* *04/10/06* *904-743-7060*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Licensee Phone #