

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000034608

1. Entity Name
NAUTICAL ACQUISITIONS CORP.



Principal Place of Business
10351 72 ND ST N
LARGO, FL 34647

Mailing Address
361 NEPTUNE AVE
NORTH BAYLON, NY 11704



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3485287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000105633
04/07/04-80033-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLLINE, ROBERT
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	ST
NAME	STEFANO, JOSEPH DI
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	VP
NAME	THOMAS, RICHARD W
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	VP
NAME	GLENN, JAMES
STREET ADDRESS	10351 72ND ST N
CITY-ST-ZIP	LARGO, FL 34647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: JFD: Stefano JFD: STEFANO

3/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #