

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90007 040 \*\*\*150.00

**DOCUMENT # S95975**

1. Entity Name

RESORT INDUSTRIES, INC.



Principal Place of Business

5600 GULF BOULEVARD  
ST. PETERSBURG BEACH FL 33706

Mailing Address

5600 GULF BOULEVARD  
ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DEMONTIGNY, JOSEPH N  
5600 GULF BOULEVARD  
ST. PETERSBURG BEACH FL 33706

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHERMAN, RICHARD E  
STREET ADDRESS 5600 GULF BOULEVARD  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE VST ☐ Delete  
NAME DEMONTIGNY, JOSEPH N  
STREET ADDRESS 5600 GULF BLVD  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE CP ☐ Delete  
NAME BOGOTT, TIMOTHY R  
STREET ADDRESS 5600 GULF BLVD  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE D ☐ Delete  
NAME TAYLOR, ROBERT M  
STREET ADDRESS 5600 GULF BLVD  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE D ☐ Delete  
NAME FORTUNE, JEFFREY L  
STREET ADDRESS 5600 GULF BLVD  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*St. Wane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Corp. Controller*

*4/13/04*  
Date

Daytime Phone #

54033561



MOORE

CR2E034 (11/03)

4. FEI Number

59-3106536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**