

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V60461

1. Entity Name
A.S.A.P. CRUISES, INCORPORATED



Principal Place of Business

8030 PHILLIPS HWY.
SUITE 13
JACKSONVILLE, FL 32256

Mailing Address

8030 PHILLIPS HWY.
SUITE 13
JACKSONVILLE, FL 32256



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3138356

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, PA
8825 PERIMETER PARK BLVD
STE 504
JACKSONVILLE, FL 32216

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

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, 2008 Fee will be \$550.00

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

U000000797392
01/29/08-80071-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURACA, SAM
STREET ADDRESS 12660 BRADY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 322232502

TITLE SD
NAME MURACA, SHERYL
STREET ADDRESS 12660 BRADY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 322232502

TITLE VD
NAME MURACA, STEVEN
STREET ADDRESS 8030 PHILLIPS HWY STE 13
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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:

Sheryl K. Muraca

1.4.08

904.739-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #