

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60461

Entity Name: A.S.A.P. CRUISES, INCORPORATED**Current Principal Place of Business:**9125 PHILLIPS HWY.
JACKSONVILLE, FL 32256**Current Mailing Address:**9125 PHILLIPS HWY.
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3138356**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLAZIER, GLAZIER & DIETRICH, P.A.
8833 PERIMETER PARK BLVD.
SUITE 1002
JACKSONVILLE, FL 32216 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	STEVE MURACA
Address	12660 BRADY ROAD
City-State-Zip:	JACKSONVILLE FL 32223-2502

Title	SD
Name	MURACA, SHERYL
Address	12660 BRADY ROAD
City-State-Zip:	JACKSONVILLE FL 32223-2502

Title	VD
Name	BURT, CHAD
Address	9125 PHILLIPS HWY
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAD BURT

VD

02/07/2024

Electronic Signature of Signing Officer/Director Detail_____
Date