

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V60461

**Entity Name:** A.S.A.P. CRUISES, INCORPORATED

**Current Principal Place of Business:**

8030 PHILLIPS HWY.  
SUITE 13  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8030 PHILLIPS HWY.  
SUITE 13  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3138356

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLAZIER & GLAZIER, PA  
8825 PERIMETER PARK BLVD  
STE 504  
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 8030 PHILLIPS HWY STE 13  
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:** SHERYL K MURACA

**CORP SEC/TREAS**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date