2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2004 08:00 AM **Secretary of State DOCUMENT #636579** CHARTER BOAT, INC. Principal Place of Business Mailing Address 4378 OCEAN STREET P.O. BOX 331092 MAYPORT, FL 32233 ATLANTIC BEACH, FL 32233 No Chg-P CR2E034 (10/03) 01232004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1932668 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRATE, GEORGE J DO NOT WRITE 13801 BEACH BLVD. #404 JACKSONVILLE, FL 32224 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000031968 <u>/04/04-80170-013</u> After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD THILE STRATE, GEORGE J NAME STREET ADDRESS 13801 BEACH BLVD. #404 JACKSONVILLE, FL 32224 C3TY - ST - Z3F TETLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 it 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

President