

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005193

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: DOLPHIN WATCH CHARTERS, INC.

**Current Principal Place of Business:**

1837 CASCADE VIEW DR.  
CAMANO IS, WA 98282

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1530  
STANWOOD, WA 98292

**New Mailing Address:**

FEI Number: 06-1730010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARMENDARIZ, ALMA  
1200 VARELA ST.  
KEY WEST, FL 33040 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CVT ( ) Delete  
Name: PARIS, DON  
Address: P.O. BOX 1530  
City-St-Zip: STANWOOD, WA 98292

Title: PV ( ) Delete  
Name: SELKE, ILONA  
Address: P.O. BOX 1530  
City-St-Zip: STANWOOD, WA 98292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DON PARIS

CVT

01/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date