

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000005193

1. Entity Name
DOLPHIN WATCH CHARTERS, INC.



Principal Place of Business
1837 CASCADE VIEW DR.
CAMANO IS, WA 98282

Mailing Address
P.O. BOX 1530
STANWOOD, WA 98292



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1730010
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

BALTZELL, JOHN
201 WILLIAMS ST
BIGHT MARINA SW8
KEY WEST, FL 33040

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 _____
(NOTE: Registered Agent signature required when reinstating)

**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

U00000914968
05/08/08-80075-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CVT
PARIS, DON
P.O. BOX 1530
STANWOOD, WA 98292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
SELKE, ILONA
P.O. BOX 1530
STANWOOD, WA 98292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

Daytime Phone #