## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #F20849

1. Entity Name

D.Y.B. CHARTERS, INC.

EDGEWATER, FL 32132 US



**FILED** Jan 24, 2008 08:00 AN **Secretary of State** 

1514 ROYAL PALM DR

1514 ROYAL PALM DR ... EDGEWATER, FL 32132



01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2084660

1/18/2008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

386-409-0854

Daytime Phone #

6. Name and Address of Current Registered Agent

ground of

Louge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 9

DONHAUSER, HOWARD S 1514 ROYAL PALM DR EDGEWATER, FL 32132

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE Re	gistered Agent signature	equired when reinstating)		. DATE	<del></del>
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees			•
10.	OFFICERS AND DIREC						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST DONHAUSER, HOWARD SR 1514 ROYAL PALM DR EDGEWATER, FL 32132				, <u>U</u> QOQ	00796084 8-80018-010	455 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				0172970	8-80018-U1U	158. 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN <sup>-</sup>	THIS S	PACE	
INTLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME '\' ' ' ' ' ' STREET ADDRESS CITY-SI-ZIP	A TOUR SERVICE AND THE TOUR OF THE SERVICE AND			er en			
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 reserver 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 attachnest with an address, with all other like empowered.							

8. The above garned 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