


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90022 024 ***150.00

DOCUMENT # F95000000332	
1. Entity Name C & R CHARTERS, INC.	

Principal Place of Business 2711 CENTERVILLE RD SUITE 400 WILMINGTON DE 19808 US	Mailing Address 2711 CENTERVILLE RD SUITE 400 WILMINGTON DE 19808 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 8 E. SPRUCEWOOD DR. Suite, Apt. #, etc.
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City & State SANDUSKY OHIO	City & State SANDUSKY OHIO
Zip 44870	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 31-1431788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SANDERS, R W 8 E. SPRUCEWOOD DR. SANDUSKY OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V SANDERS, C A 8 E. SPRUCEWOOD DR. SANDUSKY OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CDS SANDERS, CHARLENE 8 E. SPRUCEWOOD DR. SANDUSKY OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.	
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SIGNATURE: <u>Charlene A. Sanders, Vice President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>3/2/04 239 995-7009</u> Date Daytime Phone #
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