



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # H90155 1. Entity Name UPPER CAPTIVA CHARTERS, INC.			
Principal Place of Business % CHARLES F. CREAGH PO BOX 941, SAFETY HAR. CLUB, BAYSIDE ST UPPER CAPTIVA, FL 33924-0941		Mailing Address % CHARLES F. CREAGH PO BOX 941, SAFETY HAR. CLUB, BAYSIDE ST UPPER CAPTIVA, FL 33924-0941	
		 01212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2631311	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
CREAGH, CHARLES F. SAFETY HARBOR CLUB, BAYSIDE ST. SAFETY HARBOR CLUB, BAYSIDE ST. UPPER CAPTIVA, FL 33924			
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CREAGH, CHARLES F. 4540 ESCONDIDO LN UPPER CAPTIVA, FL	U00000052256 02/16/04-80083-025 150.00	
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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 employment.			
SIGNATURE: _____		1-31-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	