

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90287 020 \*\*\*150.00

<b>DOCUMENT # J12640</b> 1. Entity Name <b>CHARTER BOAT SUNRISE, INC.</b>			
Principal Place of Business <b>210A HWY 98 E</b> <b>DESTIN, FL 32541 US</b>		Mailing Address <b>P. O. BOX 632</b> <b>DESTIN, FL 32540 US</b>	
2. Principal Place of Business <b>210A Harbor Blvd</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Destin, FL</b>		City & State Suite, Apt. #, etc.	
Zip <b>32541</b>		Country <b>USA</b>	
4. FEI Number <b>59-2776651</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WINDES, MARY ANNE</b> <b>210A HWY 98 EAST</b> <b>DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>210A Harbor Blvd</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WINDES, CHARLES K., JR.</b> <b>210A HWY 98 EAST</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>210A Harbor Blvd</b> <b>Destin, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <b>WINDES, MARY ANNE</b> <b>210A HWY 98 EAST</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>210A Harbor Blvd</b> <b>Destin, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.			
SIGNATURE:		Date <b>3-1-05</b> Daytime Phone # <b>850-837-2211</b>	

**50023481**



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