## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90138 020 \*\*\*150.00

DOCUMENT # J12640  1. Entity Name CHARTER BOAT SUNRISE, INC.										
Principal Place of Business 210A HARB <b>I</b> R BLVD DESTIN, FL 32541 US		Mailing Address P. O. BOX 632 DESTIN, FL 32540 L				II eien eien eien eien e				
Principal Place of Business     210A Harbor Blvd		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302006	Chg-P	CR2E034			
City & State		City & State		4. FEI Number 59-277			No	plied For t Applicable		
Zip	Country	Zip	try		of Status Desired	Fe Fe	8.75 Add e Require			
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name								
WINDES, MARY ANNE 210A HARB <b>E</b> R BLVD DESTIN, FL 32541					Street Address (P.O. Box Number is Not Acceptable) 210A Harbor Blvd					
DEGTIN, T		City					FL	Zip Code	6	
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								niliar with,	and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstailing)  OATE										
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND		11.			CHANGES TO OFF		RECTORS Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DP WINDES, CHARLES K., JR. 210A HARB <b>Ø</b> R BLVD DESTIN, FL 32541	☐ Delete		E W	Windes, Charles K., Jr. 210A Harbor Blvd Destin, FL 32541			o lange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST WINDES, MARY ANNE 210A HARB <b>®</b> R BLVD DESTIN, FL 32541	☐ Delete		E W ET ADORESS 21	VST indes, Mary An IOA Harbor Blv estin, FL 32541	des, Mary Anne A Harbor Blvd		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DESTIN, TE 32341	☐ Delete	TITLE NAM STRE	E	ALGA-SV-PP-		[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			(	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		<b>I</b>				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	ET ADORESS - ST-ZIP	ned in Chanter 111	) Florida Statutas		Change	Addition	

I hereby certify that the information supplied with this filling 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:

LEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles K. Windes, Jr.

April 3, 2006

850-837-2320

Date

Daytime Phone #