## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Mar 18, 2005 08:00 A			
DOCUN	MENT # K85131				Sec	cretary o	t State
1. Entity Name	GE YACHT CHARTERS, INC.						
VVIIVDINID	SE TAOM ONAMERO, INO.						
Principal Place		ailing Address					
2950 N.E. 32 Fort Lauder		950 N.E. 32 AVE. ORT LAUDERDALE, FL 33308	B US .				
ח	O NOT WRITE II	CE	03142005	No Chg-P	CR2E034 (10/		
	O NOT WHILL II	V IIIIO OFM	<u></u>	4. FEI Numb 65-016		_	Applied For Not Applicable
					e of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current Regis	tered Agent		·			· · · · · · · · · · · · · · · · · · ·
	E, KATHLEEN A			DΩ	NOT W	RITE	
2 ISLA BHAIA TERRACE FORT LAUDERDALE, FL 33316			,				
		•		IN	THIS SF	ACE	
	named entity submits this statement for the p	ourpose of changing its registere	d office or register	ed agent, or bo	oth, in the State of Fig	orida. I am familiar v	vith, and accept
the obligatio	ens of registered agent.		•				
SIGNATURE Signature, typed or printed name of registered agent and filte if applicable (NOTE Registered agent				od when relocating) DATE			
FILE After Ma	NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIREC	OTORS					
=	DST		ì		100000	268479	
	WINDRIDGE, KATHLEEN 2950 N.E., 32 AVE.	•	]		113/18/05-	268479 80046-003	150.00
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	<u> </u>					
	DVP WEATHERLY, JEAN	,	ľ				
1	2950 N.E. 32 AVE.		Ì				
<del></del> +	FORT LAUDERDALE, FL 33308		<b>[</b> .				
TITLE NAME		-	ļ				
STREET ADDRESS			į	חח	NOT W	DITE	
CITY-ST-ZIP			Ì				
TITLE NAME				IN.	THIS SF	PACE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS			Į				
CITY-ST-ZIP							

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 of 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:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Daytime Phone #