2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025495

1. Entity Name
C & S CHARTERS, LLC

Principal Place of Business	Mailing Address
52 SKIDMORE ROAD	52 SKIDMORE ROAD
WINTER HAVEN, FL 33884 US	WINTER HAVEN, FL 33884 US

DO NOT WRITE IN THIS SPACE

04082004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
16-1629003	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

SURRENCY, ROD M
52 SKIDMORE ROAD
WINTER HAVEN, FL 33510

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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   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGRM
NAME	SURRENCY, ROD M
STREET ADDRESS	52 SKIDMORE ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	COLYER, JAMES C
STREET ADDRESS	1352 CORNER OAKS DRIVE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   7/7/04   863-297-5188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #