2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # LO4147 T FISHING & CHARTERS, I		Secretary of State				
Principal Plac PO BOX 110 393 KENTUC CRYSTAL, FL	IKY AVE	* Mailing Address PO BOX 1101 CRYSTAL, FL 34681 US					KARA OLOKOTA U ATRI
D	O NOT WRITE	CE	02092005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For				
·	6 New and Address of Courses P	and the same		59-2959994 5. Certificate of State	us Desired		Not Applicable 5 Additional equired
	6. Name and Address of Current R	egistered Agent	{ _ _	و في ال	+ '		
FLOWERS, MICHAEL R. 393 KENTUCKY AVE PO BOX 1101 CRYSTAL BCH, FL 34681			DO NOT WRITE IN THIS SPACE				
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, Vipod or prifted name of registered agent and take if applicable (NOTE Registered Agent algebraic required when reinstating) DATE							
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		OO May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS	4	**************************************			THE LONG COME TO
name Street address City-St-Zip	PST FLOWERS, MICHAEL R. 30 CYPRESS DRIVE PALM HARBOR, FL			0	 Uningo 2/17/05-		7 150.00
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12. I hereby certify that the information supplied with this filling 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:

MAN SORE AND OR MENTED NAME OF SIGNING OFFICER OR DIRECTOR

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