


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M33059</b> 1. Entity Name <b>SANDSKIPPER CHARTERS, INC.</b>	
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Principal Place of Business <b>4000 CRANDON BLVD SLIP C-10 KEY BISCAYNE, FL 33129</b>	Mailing Address <b>13678 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
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**DO NOT WRITE IN THIS SPACE**

07062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2695143</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>KAPLAN, JACK 13678 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
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**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIETERLE, QUINTON 17203 SW 79 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAPLAN, JACK 13678 DEERING BAY DRIVE CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, SHIRLEY 13678 DEERING BAY DRIVE CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KAPLAN, SHIRLEY 13678 DEERING BAY DRIVE CORAL GABLES, FL 33158
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/05-80006-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jack Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-05

Date

305-857-0400

Daytime Phone #