2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000002726

1. Entity Name
SYSTEM NAVIGATORS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1308 INDIANA AVE	1308 INDIANA AVE
LYNN HAVEN, FL 32444	LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

04292005 No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
65-1096554		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAMPLAIN, TONI
1308 INDIANA AVE
LYNN HAVEN, FL 32444

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

| **Filing Fee is $61.25** **Due by May 1, 2005** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

U00000358355
05/04/05-80112-005 61.25

10.   OFFICERS AND DIRECTORS

TITLE	P	
NAME	BRIGHT, PRESTON	
STREET ADDRESS	3119 OAKLAND SHORE DR #202-C	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	TS	
NAME	DILLARD, MICKEY	
STREET ADDRESS	224 SW 11TH AVE	
CITY-ST-ZIP	DANIA BEACH, FL 33002	
TITLE	V	
NAME	FRICK, DALE	
STREET ADDRESS	4200 WACKENHUT DR, STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334104243	
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

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 617, 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: _Toni Shamplain_   Toni SHAMPLAIN   4/30/05   (850) 265-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #