


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90020 022 ***150.00

DOCUMENT # P00000026653

1. Entity Name
DAVID M. ARNDT CHARTER BOAT, INC.



Principal Place of Business
 1320 TIDAL POINTE BLVD.
 DOCK C-11
 JUPITER FL 33477

Mailing Address
 1320 TIDAL POINTE BLVD.
 DOCK C-11
 JUPITER FL 33477



2. Principal Place of Business - No P.O. Box #
1320 Tidal pointe Blvd.

3. Mailing Address
6430 River Rd.

Suite, Apt. #, etc.
Dock C-11

1st MOORE CR2E034 (10/06)

City & State
Jupiter, FL

City & State
New Smyrna Beach, FL

Zip
33477

Country
USA

Zip
32169

Country
USA

4. FEI Number **65-0610291**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARNDT, DAVID M
1320 TIDAL POINTE BLVD.
DOCK C-11
JUPITER FL 33477

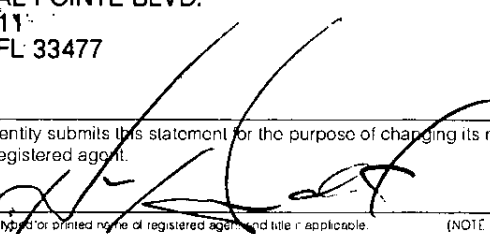
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ARNDT, DAVID M	1320 TIDAL POINTE BLVD. DOCK C-11	JUPITER FL 33477	<input type="checkbox"/>
VP	ARNDT, AMY J	1320 TIDAL POINTE BLVD. DOCK C-11	JUPITER FL 33477	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

772 708 2774

Daytime Phone #