

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000040842

1. Entity Name
FISH ON CHARTERS OF FORT LAUDERDALE, INC.



Principal Place of Business
**5140 SW 109 AVENUE
FORT LAUDERDALE, FL 33328**

Mailing Address
**5140 SW 109 AVENUE
FORT LAUDERDALE, FL 33328**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOSTWICK, RONI
5140 SW 109 AVENUE
FORT LAUDERDALE, FL 33328**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BOSTWICK, BRIAN
STREET ADDRESS	5140 SW 109 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328

TITLE	P
NAME	BOSTWICK, RONI
STREET ADDRESS	5140 SW 109 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328

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04/26/06-80048-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Brian Bostwick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06
Date

954 680 7868
Daytime Phone #