2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P00000090222** 05-03-2004 90998 027 ***150.00 SCHOONER FREEDOM CHARTERS, INC. Principal Place of Business Mailing Address CITY MUNICIPAL MARINA P.O. BOX 1256 ST AUGUSTINE, FL 32085 ST AUGUSTINE, FL 32085 %F,,,,,,5,...F& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3682438 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZARUBA, SARAH M Street Address (P.O. Box Number is Not Acceptable) 129 KIRKLAND ST. PALATKA, FL 32177 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change TITLE TITLE ☐ Addition ZARUBA, JOHN W III NAME P.O. BOX 1256 STREET ADDRESS STREET ADDRESS ST AUGUSTINE, FL 32085 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition SARAH M. ZARUBA NAME ZARUBA, SARUBA M NAME STREET ADDRESS P.O. BOX 1256 STREET ADDRESS CITY-ST-ZP ST AUGUSTINE, FL 32085 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ППЕ ☐ Change TITLE . Name NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP 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.

FILED