

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112948

FILED
Apr 12, 2004
Secretary of State

Entity Name: DREAMCHASER CHARTERS INC.

Current Principal Place of Business:

201 WILLIAM ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

201 WILLIAM ST
KEY WEST, FL 33040

New Mailing Address:

100 GRINNELL STREET
KWB FERRY TERMINAL
KEY WEST, FL 33040

FEI Number: 32-0010382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACHMAN, MATTHEW A
201 WILLIAM ST.
KEY WEST, FL 33040

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LACHMAN, MATTHEW A
Address: 201 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: PRZYWARA, NANCY JO
Address: 201 WILLIAM ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PRZYWARA, NANCY JO
Address: 201 WILLIAM ST.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY JO PRZYWARA

VP

04/12/2004

Electronic Signature of Signing Officer or Director

Date