

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-30-2004 90242 047 ***150.00

DOCUMENT # P01000007625 1. Entity Name ISLAND WAY CHARTERS, INC.					
Principal Place of Business 18395 GULF BLVD., STE. 103 INDIAN SHORES, FL 33785			Mailing Address 18395 GULF BLVD., STE. 103 INDIAN SHORES, FL 33785		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66424013 	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3695670	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ISLAND WAY CHARTERS, INC. 18395 GULF BLVD., STE 103 INDIAN ROCKS BEACH, FL 33785			7. Name and Address of New Registered Agent Name: Kris Adam Sahr Street Address (P.O. Box Number is Not Acceptable): 18395 GULF BLVD. City: Indian Shores FL Zip Code: 33785		
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: <i>[Signature]</i> DATE: 4/19/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIVAS, FRANK 18395 GULF BLVD., STE 103 INDIAN ROCKS BEACH, FL 33785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kris Adam Sahr 18395 Gulf Blvd Ste 103 Indian Shores, FL 33785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/19/04 (727) 391-4052 Date Daytime Phone #		