- 2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT (AR) Feb 11, 2004 8:00 am **DOCUMENT # P01000008107** Secretary of State 1. Entity Name 02-11-2004 90032 027 \*\*\*150 00 RESTLESS NATIVE SAILING CHARTERS, INC. Principal Place of Business Mailing Address 201 WILLIAMS STREET KEY WEST FL 33040 201 WILLIAMS STREET KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address STREET 100 GRINNELL 100 GRINNELL STREET CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1111195 FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent INKHAM, TINKHAM, ALBERT D Street Address (P.O. Box Number is Not Acceptable) 201 WILLIAMS STREET KEY WEST FL 33040 GRINNELL STREET WEST 8. The above named entity gubmits this state ment 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 regi SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition 「 | Delete TINKHAM, ALBERT D NAME TINKHAM, ALBERT D NAME 100 GRINNELL STREET STREET ADDRESS 201 WILLIAMS STREET STREET ADDRESS KEY WEST FL 33040 KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BENNETT, REBECLA MAME BENNETT, REBECCA MAME 100 GRINNELL STREET 201 WILLIAMS STREET STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-7IP CITY - ST - 7/P KEY WEST FL TITLE ☐ Delete TITLE Change Addition .NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST- 7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF