

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000108935

1. Entity Name
BONIN CHARTERS, INC.



Principal Place of Business
1601 OCEAN DR, SOUTH #606
JACKSONVILLE BCH, FL 32250

Mailing Address
1601 OCEAN DR, SOUTH #606
JACKSONVILLE BCH, FL 32250

FILED

04 JAN 12 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 No Chg-P CR2E034 (10/03) 04

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4. FEI Number
59-3755749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD #1609
JACKSONVILLE, FL 32207

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	D
NAME	BONIN, JAN P
STREET ADDRESS	1601 OCEAN DR, SOUTH #606
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250
TITLE	President
NAME	David H. Peek
STREET ADDRESS	1301 Riverplace Blvd, Suite 1609
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/04--01072--003 **150.00

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IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

David H. Peek, President 1/8/2004 904/399-1609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #