

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90227 020 ***150.00

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02232005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000078886 1. Entity Name CAPTAIN CHRIS'S CHARTERS & TOURS, INC.																											
Principal Place of Business 14151 GEORGIAN BAY CIRCLE, #104 FT. MYERS, FL 33912		Mailing Address 14151 GEORGIAN BAY CIRCLE, #104 FT. MYERS, FL 33912																									
2. Principal Place of Business 6135 Lake Front Dr. Suite, Apt. #, etc. #8 City & State Ft. Myers, FL Zip 33908 Country USA		3. Mailing Address 6135 Lake Front Dr. Suite, Apt. #, etc. #8 City & State Ft. Myers, FL Zip 33908 Country USA																									
4. FEI Number 30-0094779		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WALLACE, CHRISTOPHER 14151 GEORGIAN BAY CIRCLE, #104 FT. MYERS, FL 33912																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6135 Lake Front Dr. City Ft. Myers FL Zip Code 33908		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: <u>Christopher Wallace</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALLACE, CHRISTOPHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14151 GEORGIAN BAY CIRCLE, #104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS, FL 33912</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	WALLACE, CHRISTOPHER		STREET ADDRESS	14151 GEORGIAN BAY CIRCLE, #104		CITY-ST-ZIP	FT. MYERS, FL 33912		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>6135 Lake Front Dr.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Ft. Myers, FL 33908</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6135 Lake Front Dr.		STREET ADDRESS	Ft. Myers, FL 33908		CITY-ST-ZIP		
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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: <u>Christopher Wallace</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									