

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079842

FILED  
Mar 15, 2004  
Secretary of State

Entity Name: BOTTOM LINE CHARTERS, INC.

**Current Principal Place of Business:**

2567 LIMEQUAT ST  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

2567 LIMEQUAT ST  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 01-0729594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOEFFEL, PHILIP  
2567 LIMEQUAT ST  
PALM BAY, FL 32905

**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: LOEFFEL, PHILIP  
Address: 2567 LIMEQUAT ST  
City-St-Zip: PALM BAY, FL 32905

Title: C ( ) Delete  
Name: MATSON, STEVE  
Address: 1917 GLEN MEADOW DR  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: PHILIP LOEFFEL

PRES

03/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date