
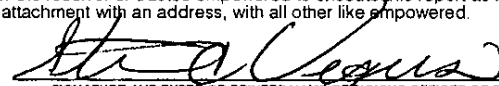


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90309 033 \*\*\*150.00

<b>DOCUMENT # P02000104948</b> 1. Entity Name <b>IBIS CHARTERS, INC.</b>		
Principal Place of Business <b>57 LAKE DRIVE NORTH SUMMERLAND KEY FL 33042</b>		Mailing Address <b>57 LAKE DRIVE NORTH SUMMERLAND KEY FL 33042</b>
2. Principal Place of Business <b>370 West Shore Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 421112</b> Suite, Apt. #, etc.	
City & State <b>Summerland Key, FL</b> Zip <b>33042</b>	City & State <b>Summerland Key FL</b> Zip <b>33042</b>	
4. FEI Number <b>06-1649615</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>STEVE VIGUS 57 LAKE DRIVE NORTH SUMMERLAND KEY FL 33042</b>		
7. Name and Address of New Registered Agent Name <b>Steve Vigus</b> Street Address (P.O. Box Number is Not Acceptable) <b>21601 Old SR 4A Lot #3</b> City <b>CUDJOE KEY</b> FL Zip Code <b>33042</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VIGUS, STEVEN C 57 LAKE DRIVE NORTH SUMMERLAND KEY FL 33042 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VIGUS, STEVEN C 21601 Old SR 4A Lot #3 CUDJOE KEY FL 33042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-805 3053048342</b> <small>Date Daytime Phone #</small>