


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-21-2005 90080 015 ***150.00

DOCUMENT # P02000135500	
1. Entity Name GILLS AND THRILLS CHARTERS, INC.	

DO NOT WRITE IN THIS SPACE

40035536

2. Principal Place of Business 1110 RIVER STREET DR.	3. Mailing Address P.O. BOX 912
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State STEINHATCHER FL		City & State STEINHATCHER FL		4. FEI Number 65-1166465	Applied For <input type="checkbox"/> Not Applicable
Zip 32359	Country TAYLOR	Zip 32359	Country TAYLOR	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CAMPBELL JAMES R.	
Street Address (P.O. Box Number is Not Acceptable) 1110 RIVER STREET	
City STEINHATCHER	FL Zip Code 32359

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 James R. Campbell <i>James R. Campbell</i>	DATE 3/17/05

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Campbell, James R. 1110 RIVER STREET STEINHATCHER FL 32359	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>James R. Campbell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/17/05 DAYTIME PHONE: 678.478.4386

CR2E034B (12/02)