2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 26, 2005 8:00 am Secretary of State **DOCUMENT # P03000048209** 1. Entity Name 08-09-2005 90002 008 ***150.00 SALTY DAWG CHARTERS, INC. Principal Place of Business Mailing Address New Address 122 W. BROAD ST., SUITE B 44 BASS ST. **BALD POINT FL 32346** GRIFFIN GA-30223 210 S. 13th Street Griffin GA 30224 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) City & State City & State 4. FEI Number Applied For 02-0690874 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ellinaton C Neel, PSTD SPIEGEL & UTRERA, P.A. Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 32346 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400,00 9. Election Campaign Financing \$5.00 May Bo DUE BY September 7, 2005 tate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE **PSTD** ☐ Delete TITEE Change ☐ Addition NAME NEEL, ELLINGTON C NAME STREET ADDRESS 44 BASS ST. STREET ADDRESS CITY-ST-ZIP **BALD POINT FL 32346** CITY-ST-ZIP TITLE ☐ Dalete ☐ Change ☐ Addition HUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TITLE ☐ Octoba HT.S ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS C11Y-51-Z1P CITY-SI-ZP TITLE DDF ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-70P 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. 8-4-05 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

August 4, 2005

Florida Dept. Of State **Division of Corporations** Annual Report Section P.O. Box 6850 Tallahassee, FL 32314

To Whom it may concern,

I would like to request that you would please waive the 400.00 late fee. We did not receive any notices to file before now. I called the 1-850-245-6056 office and they stated that I need to type this letter. Enclosed you will find the 150.00 payment, and we would like to be reactivated.

Sincerely,

Salty Dawg Charters Ellington Camp Neel 8-23-05

letter once already.
Il called and they said that the letter got separated from the form.
Please omit the