

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054354

FILED
Apr 21, 2005
Secretary of State

Entity Name: SPLIT TAIL FISHING CHARTERS, INC.

Current Principal Place of Business:

77360 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1422
ISLAMORADA, FL 33036

New Mailing Address:

POST OFFICE BOX 201
ISLAMORADA, FL 33036

FEI Number: 30-0196959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, ROBERT C
77360 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

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: D () Delete
Name: WAGNER, ROBERT C
Address: 104 ATLANTIC LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: BRAGASSA, HELEN
Address: 645 VALHALLA WAY #113
City-St-Zip: LAKE MARY, FL 32746

Title: PRES () Delete
Name: WAGNER, ROBERT C PRES
Address: 104 ATLANTIC LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: WAGNER, ROBERT C VP
Address: 104 ATLANTIC LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: SEC () Delete
Name: WAGNER, ROBERT C SEC
Address: 104 ATLANTIC LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: TRES () Delete
Name: WAGNER, ROBERT C TRES
Address: 104 ATLANTIC LANE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BRAGASSA, HELEN
Address: PO BOX 544
City-St-Zip: ISLAMORADA, FL 33036

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

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

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: HELEN BRAGASSA

D

04/21/2005

Electronic Signature of Signing Officer or Director

Date