

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054354

FILED  
Apr 15, 2007  
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 201  
ISLAMORADA, FL 33036

## New Mailing Address:

POST OFFICE BOX 1422  
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:

WAGNER, ROBERT C  
104 ATLANTIC LANE  
ISLAMORADA, FL 33036 US

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: ROBERT WAGNER

04/15/2007

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: PO BOX 544  
City-St-Zip: ISLAMORADA, FL 33036

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: ( ) 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:

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 Chapter 119, 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

04/15/2007

Electronic Signature of Signing Officer or Director

Date