

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90036 020 ***150.00

DOCUMENT # P03000078050

1. Entity Name
PRIMETIME CHARTERS, INC.



Principal Place of Business

~~ROUTE 17, BOX 1002~~
LAKE CITY, FL 32055

Mailing Address

~~ROUTE 17, BOX 1002~~
LAKE CITY, FL 32055

24000001



2. Principal Place of Business

3256 NW. Brown Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same as Place of Business

City & State

Lake City, FL

City & State

Zip

Country

32055

US

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1179937

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOWDOIN, ROD
~~ROUTE 17, BOX 1002~~ **3256 N.W. Brown Rd.**
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

ROD BOWDOIN

ROD BOWDOIN, PRES.

1/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOWDOIN, ROD**
STREET ADDRESS ~~ROUTE 17, BOX 1002~~ **3256 NW. Brown Rd**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

ROD BOWDOIN **ROD BOWDOIN**
PRES.

1/15/04

3867524126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #