


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90005 009 ***150.00

DOCUMENT # P03000084316
 1. Entity Name
Z-SPOT CHARTERS, INC.



Principal Place of Business Mailing Address
 2640 ST. PAUL'S DRIVE 2640 ST. PAUL'S DRIVE
 TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



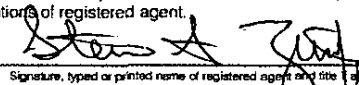
01062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
81-0627566 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WASILESKI, CARL
507 PALM AVENUE
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent
 Name **Steven Zirnfus**
 Street Address (P.O. Box Number is Not Acceptable)
2640 St Paul's Drive
 City **Titusville** FL Zip Code **32780**

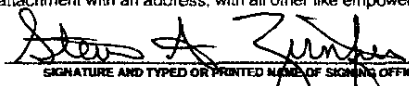
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  DATE **2/17/04**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete ZIRNFUS, STEVEN 2640 ST. PAUL'S DRIVE TITUSVILLE, FL 32780	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete ZIRNFUS, STEVEN 2640 ST. PAUL'S DRIVE TITUSVILLE, FL 32780	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete ZIRNFUS, STEVEN 2640 ST. PAUL'S DRIVE TITUSVILLE, FL 32780	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete ZIRNFUS, STEVEN 2640 ST. PAUL'S DRIVE TITUSVILLE, FL 32780	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **2/17/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #