


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**


09-01-2004 90008 044 \*\*\*150.00

<b>DOCUMENT # P03000103185</b> 1. Entity Name <b>TEASER TOO, INC.</b>					
Principal Place of Business <b>352 SAILFISH DRIVE DESTIN FL 32541</b>				Mailing Address <b>352 SAILFISH DRIVE DESTIN FL 32541</b>	
2. Principal Place of Business <b>East Pass Marina</b>		3. Mailing Address <b>352 Sailfish Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Destin FL</b>		City & State <b>Destin, FL</b>		4. FEI Number <b>55-0853822</b>	
Zip <b>32541</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWIA TEK, GLENN M ESQ. 10065 WEST EMERALD COAST PARKWAY SUITE B-101 (A) DESTIN FL 32550</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>Mary A. Meredith Vice President 352 Sailfish Dr. Destin, FL 32541</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Mary A. Meredith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>8-30-04</b> Date		
			<b>650-0004</b> Daytime Phone #		

Attachment  
24/52857 #P03000103185 8-30-04  
To whom it may concern:

We did not receive the Notice  
of Intent to dissolve until the  
middle of June 2004.

We are sending a payment  
of \$150.00 to renew our  
corporation status!

Thank You,  
  
Teaser Too Charters, Inc.