

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114455

FILED  
Apr 02, 2005  
Secretary of State

Entity Name: SHALLOWMINDED CHARTERS, INC.

## Current Principal Place of Business:

POST OFFICE BOX 3652  
APOLLO BEACH, FL 33572

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 3652  
APOLLO BEACH, FL 33572

## New Mailing Address:

FEI Number: 14-1897612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCAS, MARLENE  
1021 APOLLO BEACH BOULEVARD #1  
APOLLO BEACH, FL 33572 US

## Name and Address of New Registered Agent:

EVERING, MARLENE  
PO BOX 3652  
APOLLO BEACH, FL 33572 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: MARLENE EVERING

04/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LUCAS, MARLENE  
Address: 1021 APOLLO BEACH BLVD. #1  
City-St-Zip: APOLLO BEACH, FL 33572

Title: V ( ) Delete  
Name: EVERING, HANK  
Address: 1021 APOLLO BEACH BLVD. #1  
City-St-Zip: APOLLO BEACH, FL 33572

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EVERING, MARLENE  
Address: PO BOX 3652  
City-St-Zip: APOLLO BEACH, FL 33572

Title: V (X) Change ( ) Addition  
Name: EVERING, HENRY W  
Address: PO BOX 3652  
City-St-Zip: APOLLO BEACH, FL 33572

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: MARLENE EVERING

P

04/02/2005

Electronic Signature of Signing Officer or Director

Date