

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90195 009 \*\*\*150.00

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<b>DOCUMENT # P03000121623</b> 1. Entity Name <b>PRETTYWORK CHARTERS, INC.</b>			
Principal Place of Business <b>523 N DOVER ROAD</b> <b>TEQUESTA FL 33469-2501</b>		Mailing Address <b>523 N DOVER ROAD</b> <b>TEQUESTA FL 33469-2501</b>	
2. Principal Place of Business <b>SALEFISH MARINA</b> Suite, Apt. #, etc. <b>SLIP #3</b> City & State <b>TEQUESTA, FLA.</b> Zip <b>33469</b> Country <b>USA</b>		3. Mailing Address <b>523 N. DOVER RD</b> Suite, Apt. #, etc. City & State <b>TEQUESTA FLA.</b> Zip <b>33469</b> Country <b>USA</b>	
4. FEI Number <b>51049 9607</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCHOLLENBERGER, IRIS</b> <b>530 N DOVER ROAD</b> <b>TEQUESTA FL 33469-2501</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 <u>IRIS SCHOLLENBERGER</u> DATE <u>4/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REA, STEVEN W 523 N DOVER ROAD TEQUESTA FL 33469-2501	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REA, WILSON 18 SPRINGERS MILL RD CAPE MAY CH NJ 08210	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REA, HELEN 18 SPRINGERS MILL RD CAPE MAY CH NJ 08210	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.			
SIGNATURE: <u>X</u> <u>STEVEN W. Rea</u> <u>3/1/04</u> <u>561-35-4568</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			