

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152697

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: CAPTAIN WOLF SAILING CHARTER, INC.

## Current Principal Place of Business:

523 SO. INDIAN KEY DRIVE  
PORT ST. LUCIE, FL 34986 US

## New Principal Place of Business:

523 SW INDIAN KEY DRIVE  
PORT ST. LUCIE, FL 34986 US

## Current Mailing Address:

523 SO. INDIAN KEY DRIVE  
PORT ST. LUCIE, FL 34986 US

## New Mailing Address:

523 SW INDIAN KEY DRIVE  
PORT ST. LUCIE, FL 34986 US

FEI Number: 20-0490829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUTZNER, WOLFGANG  
523 SW INDIAN KEY DRIVE  
PORT ST. LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KUTZNER, WOLFGANG  
Address: 523 SW INDIAN KEY DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: VP ( ) Delete  
Name: KUTZNER, MARJORIE  
Address: 523 SE INDAIN KEY DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KUTZNER, MARJORIE  
Address: 523 SW INDAIN KEY DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: WOLFGANG KUTZNER

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date