


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000158435 1. Entity Name FLORIDA WATERWAY SALES, INC.	
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Principal Place of Business 10800 SIKES PLACE SUITE 250 CHARLOTTE, NC 28277 US	Mailing Address 10800 SIKES PLACE SUITE 250 CHARLOTTE, NC 28277 US
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03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0546289	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, WILLIAM G
STREET ADDRESS	10800 SIKES PLACE, SUITE 250
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	VP
NAME	ALLEN, WILLIAM G
STREET ADDRESS	10800 SIKES PLACE, SUITE 250
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	S
NAME	ALLEN, WILLIAM G
STREET ADDRESS	10800 SIKES PLACE, SUITE 250
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/05-80059-023 150.00

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #