

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90037 034 ***150.00

DOCUMENT # P03358

1. Entity Name
HIGH SEAS YACHT CHARTERS, INC.



Principal Place of Business
13643 DEERING BAY DR.
UNIT 165
CORAL GABLES, FL 33158

Mailing Address
13643 DEERING BAY DR.
UNIT 165
CORAL GABLES, FL 33158

54065017



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2386134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINDHORST, KENT A
1450 MADRUGA AVENUE
SUITE 400
CORAL GABLES, FL 33146

**DO NOT WRITE
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

ORIGINAL Form NOT RECORDED

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WINDHORST, KENT A
1450 MADRUGA AVE, #400
MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEAVER, DOROTHY C
13643 DEERING BAY DR. #165
CORAL GABLES, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEAVER, DAVID R
13643 DEERING BAY DR. #165
CORAL GABLES, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

6/30/04
Date

305-666-3319
Daytime Phone #