


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90003 013 ***550.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06092005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2386134	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINDHORST, KENT A 1450 MADRUGA AVENUE SUITE 400 CORAL GABLES, FL 33146				Name Street Address (P.O. Box Number is Not Acceptable) <i>806 Douglas Road</i> <i>Suite 570</i> City <i>CORAL GABLES</i> FL Zip Code <i>33134</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PTD WINDHORST, KENT A <input type="checkbox"/> Delete 1450 MADRUGA AVE, #400 MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>806 Douglas Road, Suite 570</i> <i>CORAL GABLES, FL 33134</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, DOROTHY C <input type="checkbox"/> Delete 13643 DEERING BAY DR. #165 CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, DAVID R <input type="checkbox"/> Delete 13643 DEERING BAY DR. #165 CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>6/9/05</i> Daytime Phone # <i>305-666-3319</i>		