

2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90225 020 ***150.00
P04000002002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000002002 1. Entity Name TRINITY BOAT CHARTERS CORP.					
Principal Place of Business 239 HARBOR PLACE GOODLAND, FL 34140			Mailing Address PO BOX 84 GOODLAND, FL 34140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUGIMOTO, DIANE R 13120 SW 107 STREET MIAMI, FL 33186			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P.D WEEKS, GARY 239 HARBOR PLACE GOODLAND, FL 34140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: 4-25-04 Daytime Phone #: 239-647-1172		

2 of 2

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN _____ OMB No. 1545-0003	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Gary O. Weeks</u>				
	2 Trade name of business (if different from name on line 1) <u>Trinity Boat Charters</u>		3 Executor, trustee, "care of" name <u>Gary Weeks</u>		
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>P.O. Box 84</u>		5a Street address (if different) (Do not enter a P.O. box.) <u>239 Harbor Pl. N</u>		
	4b City, state, and ZIP code <u>Goodland, FL-34140</u>		5b City, state, and ZIP code <u>Goodland, FL-34140</u>		
	6 County and state where principal business is located <u>Collier</u>				
	7a Name of principal officer, general partner, grantor, owner, or trustor <u>Gary O. Weeks</u>		7b SSN, ITIN, or EIN <u>264-57-6596</u>		
8a Type of entity (check only one box)					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>SS-4</u> <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____					
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <u>FLA</u>		Foreign country _____	
9 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Boat Charters</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
10 Date business started or acquired (month, day, year) <u>?</u>		11 Closing month of accounting year <u>?</u>			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year). <u>When Started</u>					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."					
		Agricultural	Household	Other	
		<u>0</u>	<u>0</u>	<u>0</u>	
14 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <u>Boat Charters</u>					
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>N/A</u>					
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.					
Legal name ▶		Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.					
Approximate date when filed (mo., day, year)		City and state where filed		Previous EIN	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name		Designee's telephone number (include area code)		
	Address and ZIP code		Designee's fax number (include area code)		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly) ▶ <u>Gary O. Weeks</u>				Applicant's telephone number (include area code) <u>(239) 642-1173</u>	
Signature ▶ <u>Gary Weeks</u> Date ▶ <u>5-22-05</u>				Applicant's fax number (include area code) ()	

ATTACHMENT

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#P04000002002

Dear Persons

I have never recieved any legal
document stating I am a corpo
The registred agent has sent me nothings
and Its been over a year -

yours truly

Gary Weeks