## **2005 FOR PROFIT CORPORATION**

## Jul 15, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P04000047772 07-15-2005 90022 038 \*\*\*158.75 1. Entity Name GATOR CHARTER ENTERPRISES, INC. Principal Place of Business Mailing Address 136 SE GRAHAM ST 136 SE GRAHAM ST PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address PO Box 510965 PO Box 510965 Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Key Colony, Bch, FL Key Colony, Bch, FL 30-0139576 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33501-0965 Monroe 33501-0965 Fee Required Monroe 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard W. Blaudow BLAUDOW, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 136 SE GRAHAM ST PORT CHARLOTTE, FL 33952 Key Colony Beach 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. addies only SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little it amplicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition BLAUDOW, RICHARD W NAME NAME Blaudow Richard W STREET ADDRESS 136 SE GRAHAM ST STREET ADDRESS PO Box 510965 PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-ZIP Key Colony Bch, 33501 FLTITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Defete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 withpay address, with all other like empowered.

7-1-05

Daytime Phone #

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FILED