

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000153120

1. Entity Name
DOUBLE J CHARTERS, INC.



**FILED
Apr 15, 2005 8:00 am
Secretary of State**

04-15-2005 90061 028 ***150.00

Principal Place of Business 3106 WEST HOLLOWAY ROAD PLANT CITY, FL 33567		Mailing Address 3106 WEST HOLLOWAY ROAD PLANT CITY, FL 33567	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code FL			



04072005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0733-245	Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSTD PAUL, DAVID 3106 WEST HOLLOWAY ROAD PLANT CITY, FL 33567		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Delete <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)(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: *Dee J. Areo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-11-05
Date Daytime Phone #