


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/20/2005-90035-026-\$150.00-\$150.00

<b>DOCUMENT # P04000156882</b> 1. Entity Name <b>REEL QUIK CHARTERS, INC.</b>		
Principal Place of Business <b>182 E. CAHILL COURT BIG PINE KEY, FL 33043</b>		Mailing Address <b>182 E. CAHILL COURT BIG PINE KEY, FL 33043</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country

FILED

05 JUN 16 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04132005 Chg-P 0905034 (10/03)

4. FEI Number **20-1906767**  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MORATO, MARLENE 30931 AVENUE A BIG PINE KEY, FL 33043</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	NAME	NELSON, CHARLES H.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS	182 E. CAHILL COURT	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	BIG PINE KEY, FL 33043	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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: *C.H. Nelson* 5-17-05 872-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #