2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90153 032 ***150.00

DOCUMENT # P04000168816

1. Entity Name
AQUA MIST CHARTERS INC.

Principal Place of Business	Mailing Address
4995 CEDAR BAY ST ORLANDO, FL 32812 US	4995 CEDAR BAY ST ORLANDO, FL 32812 US

20029969

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4995 Cedar Bay St	4995 Cedar Bay St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando, Florida
Zip: 32812 Country: USA	Zip: 32812 Country: USA

4. FEI Number: 37-1937904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STALLINGS, ERNEST G 4995 CEDAR BAY ST. ORLANDO, FL 32812	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 STALLINGS, ERNEST G 4995CEDAR BAY ST. ORLANDO, FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STALLINGS, VIRGINIA M 4995 CEDAR BAY ST. ORLANDO, FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Ernest G. Stallings ERNEST G. STALLINGS 03/30/2005 407-376-1392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #