## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State
02-03-2006 90005 050 ***150.00

DOCUMENT # P05000079235 DOLPHIN ISLAND CHARTERS, INC. Principal Place of Business Mailing Address AAATTECA 1119 PERIWINKLE WAY 1119 PERIWINKLE WAY SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business 3. Mailing Address 119 PERIWINELL Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 CR2E034 (11/05) Chg-P 4. FEI Number 20-2937064 City & State Applied For City & State SANIBEL FL Not Applicable 3 3 957 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired LEE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)

111 9 PERIMINKIA WAY 4 GARCIA, RICHARD J WADDRESS 1119 PERIWINKLE WAY CHANGE SANIBEL, FL 33957 SANIBAL Stated at <u> 3355</u> 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. (NOTE: Registered Agent signature required when roinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition GARCIÁ-RICHARD J NAME NAME 1119 PÉŘIWNKLE WAY #180 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Delete 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

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: _	Buhal	1 B	tun	RICHARD	J	GARCIA	1/30/06	239-472-574	7
	SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daire	Daytime Phone #		