

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000067861	
1. Entity Name WATERPROOF CHARTERS, INC.	

Principal Place of Business 86 RAINS COURT PONCE INLET, FL 32127	Mailing Address 86 RAINS COURT PONCE INLET, FL 32127
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3217519	Applied F Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRETT, TIMOTHY M.
86 RAINS COURT
PONCE INLET, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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

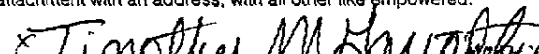
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	00000051195 04/29/06-80072-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARRETT, TIMOTHY M % 86 RAINS COURT PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARRETT, MARK % 86 RAINS COURT PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRETT, LISA P % 86 RAINS COURT PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Timothy M. Garrett**  **4/14/06 (386) 754 4636**