


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 005 ***158.75

DOCUMENT # P94000094015	
1. Entity Name S & I CHARTERS, INC.	

Principal Place of Business 26334 LAWRENCE AVE ZEPHYRHILLS, FL 33544	Mailing Address 9101 WOODCUTTER TAMPA, FL 33647
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20001196



2. Principal Place of Business		3. Mailing Address 26334 LAWRENCE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Zephyrhills FL	
City & State		City & State	
Zip 33544	Country USA		

01142006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ATANES, SERGIO 9101 WOODCUTTER CT. TAMPA, FL 33647		7. Name and Address of New Registered Agent Name ATANES, SERGIO Street Address (P.O. Box Number is Not Acceptable) 26334 LAWRENCE AVE City Zephyrhills FL Zip Code 33544	
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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: *Sergio Atanes* *SERGIO ATANES* *01-14-06*
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. <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 NAME STREET ADDRESS CITY - ST - ZIP	P ATANES, SERGIO 26334 LAWRENCE AVE WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sergio Atanes* *SERGIO ATANES* *01-14-06* *813-973-7132*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #