



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90183 022 ***150.00

DOCUMENT # P95000036287 1. Entity Name GULF COAST CHARTERS, INC.					
Principal Place of Business 4907 BECKETT CT GULF BREEZE, FL 32563			Mailing Address 4907 BECKETT CT GULF BREEZE, FL 32563		
2. Principal Place of Business 1382 Connemara Cir Suite, Apt. #, etc.			3. Mailing Address 1382 Connemara Cir Suite, Apt. #, etc.		
City & State Gulf Breeze FL Zip 32563 Country USA		City & State Gulf Breeze FL Zip 32563 Country USA		4. FEI Number 59-3313025	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KELLEY, ELIZABETH 6679 ALLYN WAY 4907 Beckett Ct PENSACOLA, FL 32504 GULF Breeze FL 32563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (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. <input type="checkbox"/> \$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	DPST KELLEY, SEAN 6679 ALLYN WAY PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1382 Connemara Cir Gulf Breeze FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, BERNARD F 6679 ALLYN WAY PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4907 Beckett Ct. Gulf Breeze FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ELIZABETH 6679 ALLYN WAY PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4907 Beckett Ct Gulf Breeze FL 32563	
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	
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	
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 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: 			3/3/05 850-485-5940 Date Daytime Phone #		