


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000085460 1. Entity Name CHARLOTTE SAILING, INC.	
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Principal Place of Business % RICHARD COTTER 6100 ESTERO BLVD. FORT MYERS, FL 33931	Mailing Address % RICHARD COTTER 6100 ESTERO BLVD. FORT MYERS, FL 33931
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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01162004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0625656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055884 02/18/04-80022-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRIMMER, GARY % 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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: <u>Gary Trimmer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2/12/04</u> Date	<u>941 766-1060</u> Daytime Phone #
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