

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000092592

1. Entity Name
ATLANTIC WHITE WATER CHARTERS, INC.



Principal Place of Business
**P.O. BOX 100082
PALM BAY, FL 32910-0082**

Mailing Address
**P.O. BOX 100082
PALM BAY, FL 32910-0082**



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3348785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KANE, MICHAEL J
364 HATCHER STREET SE
PALM BAY, FL 32909**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KANE, MICHAEL J
STREET ADDRESS	364 HATCHER STREET SE
CITY-ST-ZIP	PALM BAY, FL 32909

TITLE	
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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:

Michael J Kane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 321-480-2848
Date Daytime Phone #