

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000015322

1. Entity Name  
JUPITER CHARTERS, INC.



**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90041 044 \*\*\*150.00

Principal Place of Business  
352 FRANKLIN RD  
TEQUESTA, FL 33469

Mailing Address  
352 FRANKLIN RD  
TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112004

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0644272

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BASS, DONALD L  
7166 SE OSPREY ST  
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ADAMSON, CHRISTINE M  
352 FRANKLIN RD  
TEQUESTA, FL 33469

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RAYMON, KIRK D  
352 FRANKLIN RD  
TEQUESTA, FL 33469

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

RAYMOND, CHRISTINE M.

NAME ☒ Change ☐ Addition  
ONLY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

RAYMOND, KIRK D

NAME ☒ Change ☐ Addition  
ONLY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Christine M. Raymond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec. Sec*

3/30/04

Date

Daytime Phone #

CHRISTINE M. RAYMOND