2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000082913

1. Entity Name

FEARLESS'B CHARTERS, INC.



Principal Place of Business

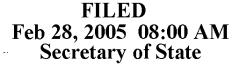
12953 PALMS WEST DR

201 LOXAHATCHEE, FL 33470 Mailing Address

12953 PALMS WEST DR

201

LOXAHATCHEE, FL 33470





DO NOT WRITE IN THIS SPACE

02142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0708482 Not Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, EDWARD R 15293 SUNNYLAND LANE WELLINGTON, FL 33414

SIGNATURE:

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10. IITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT P BECKER, EDWARD 15293 SUNNYLAND LANE WELLINGTON, FL 33414	TORS			000000245532 2438705-30029-009 150.80	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 a lower like empowered.						

NAME OF SIGNING OFFICER OR DIRECTOR