## -2004 - PRUFIT COR JRAIIUN ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P97000032933 1. Entity Name DR. HOOK CHARTERS, INC. 08-02-2004 90018 027 \*\*\*150.00 Principal Place of Business Mailing Address BAHIA MAR YACHTING CENTER 801 SEABREEZE BLVD., APT.A-121 FT. LAUDERDALE FL 33308 21 CASTLE HARBOR ISLE FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0743543 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSSHARDT KURT-E Street Address (P.O. Box Number is Not Acceptable) 1600 SE 17TH ST., STE. 404 FT. LAUDERDALE FL 33316 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing **\$5.00** May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change Addition TITLE ח ☐ Delete TITLE COOK, DONALD R NAME NAME 21 CASTLE HARBOR ISLE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP. CITY-ST-ZIP D Delete ☐ Change Addition TITLE TITLE ALLESI, FRANK J NAME NAME STREET ADDRESS 21 CASTLE HARBOR ISLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FT. LAUDERDALE FL 33308 TITLE ... Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receivenor 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 alterest with all other rise empowered.

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Daytime Phone #

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This is the 6th time in
Typeers of being in bushess
that I have not recieved
my annual report in the
mail before May 1st. It
don't think I should be
charged the #400 late
charged the #400 late
charged The any questions
or problems please call me
at 954-648-9288. Thinks

Capt. D.M. Charlers