

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000053092

1. Entity Name
CARPE DIEM CHARTERS, INC.



Principal Place of Business

**4805 W. LAUREL STREET
SUITE 100
TAMPA, FL 33607**

Mailing Address

**4805 W. LAUREL STREET
SUITE 100
TAMPA, FL 33607**



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0906305

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RILEY, STEVEN P
4805 W. LAUREL STREET
SUITE 230
TAMPA, FL 33607**

**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 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**

000000067933
02/27/04-80020-001 150.00

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME LOTT, RICK A
STREET ADDRESS 3200 POLO PL., WALDEN LAKE
CITY-ST-ZIP PLANT CITY, FL 33567**

**TITLE TD
NAME CAMERON, KEVIN A
STREET ADDRESS 4805 W. LAUREL ST., STE 100
CITY-ST-ZIP TAMPA, FL 33607**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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:

Kevin A. Cameron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04 813-286-7373