

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000077310

1. Entity Name
DEEP SEA FISHING CHARTERS AND EXCURSIONS, INC.



Principal Place of Business
**3151 W 10TH STREET SLIP 88
PANAMA CITY, FL 32402 US**

Mailing Address
**PO BOX 1185
PANAMA CITY, FL 32402 US**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CROWELL, JAMES
6659 HARBOUR BLVD
PANAMA CITY BEACH, FL 32407**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000554175
05/15/06-80080-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROWELL, JAMES
STREET ADDRESS	3810 LONG JOHN DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408

TITLE	D
NAME	CROWELL, KENNETH
STREET ADDRESS	P.O. BOX 790 N/A
CITY-ST-ZIP	TIBERIAS 14107 ISRAEL,

TITLE	D
NAME	CROWELL, MARJORIE
STREET ADDRESS	P.O. BOX 790 N/A
CITY-ST-ZIP	TIBERIAS 14107 ISRAEL,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemptions contained in Chapter 119, 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: _____

James Crowell **JAMES CROWELL**

4/26/06 **850.819.4625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #