

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

03-26-2004 90026 037 ***150.00

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1. Entity Name
CHARTER BOAT TWILIGHT, INC.



Principal Place of Business

210 HWY 98 E 210A Hwy 98 E
DESTIN, FL 32541

Mailing Address

P.O. BOX 632
DESTIN, FL 32540-0632



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3559621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINDES, MARY ANNE
210A HWY. 98 E.
DESTIN, FL 32541

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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

10. OFFICERS AND DIRECTORS

TITLE D, P
NAME WINDES, CHARLES K JR
STREET ADDRESS 210A HWY 98 EAST
CITY-ST-ZIP DESTIN, FL 32541

TITLE D, S, T
NAME WINDES, MARY ANNE
STREET ADDRESS 210A HWY 98 EAST
CITY-ST-ZIP DESTIN, FL 32541

TITLE H
NAME HAEUSLER, STEVE
STREET ADDRESS 339 STAHLMAN AVE.
CITY-ST-ZIP DESTIN, FL 32541

TITLE D, V
NAME HILL, ROBERT JAY
STREET ADDRESS 852 KELL-AIRE DR.
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME WINDES, DAVID E
STREET ADDRESS 331 STAHLMAN AVE.
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #