

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048970

FILED
May 01, 2009
Secretary of State

Entity Name: SUN AND FUN SAIL CHARTERS, INC.

Current Principal Place of Business:

1267 N. BAYSHORE DR.
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

1267 N. BAYSHORE DR.
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 59-3582436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL ACCOUNTING
912 S. PALM BLVD., SUITE E
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LA TOUCHE, MARIE
Address: PO BOX 0044
City-St-Zip: VALPARAISO, FL 32580

Title: D () Delete
Name: WILSON, BRANDON
Address: PO BOX 0044.
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRANDON WILSON

MR

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date