


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90310 045 ***150.00

DOCUMENT # P99000081630 1. Entity Name SUN PRINCESS CHARTERS, INC.					
Principal Place of Business 420 EAST PINE AVENUE CRESTVIEW, FL 32539			Mailing Address 420 EAST PINE AVENUE CRESTVIEW, FL 32539		
2. Principal Place of Business 543 HARBOR BLVD Suite, Apt. #, etc. 501 City & State DESTIN, FLORIDA Zip 32541		3. Mailing Address 543 HARBOR BLVD Suite, Apt. #, etc. 501 City & State DESTIN, FL Zip 32541		4. FEI Number 59-3711647 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADENHEAD, CHRIS 420 EAST PINE AVENUE CRESTVIEW, FL 32539				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HUFF, HENRY C 420 EAST PINE AVENUE CRESTVIEW, FL 32539		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHRIS CADENHEAD 543 HARBOR BLVD #501 DESTIN, FL 32541		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIM BURGESS 543 HARBOR BLVD #501 DESTIN, FL 32541		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER GAIL DAWSON 543 HARBOR BLVD #501 DESTIN, FL 32541		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Chris Cadenhead</i> Chris Cadenhead <i>4/27/05</i> 850 837-5509 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					