2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000096420

1. Entity Name IMAGE CHARTERS AND YACHT SALES, INC.



Mailing Address

Principal Place of Business 15065 MCGREGOR BLVD 102

102 FT, MYERS, FL 33908 P.O. BOX 08177 FT. MYERS, FL 33908

FILED

Apr 22, 2004 08:00 AM Secretary of State

02192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1027756 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Dayrume Phone #

6. Name and Address of Current Registered Agent

FLAHERTY, BRANDON 15065 MCGREGOR BLVD #102 FT. MYERS, FL 33908

SIGNATURE:

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or re	gistered agent, or bot	h, in the State of Flor	ida. I am familia	r with, and accept
SIGNATURE Signature, typed or printed name of registered agent and late if applicable. PNCTE. Registered in				equired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oling 🔲	\$5.00 May Be Added to Fees	04/22/04	0123732 -80875 ² 02	<u>'5 150.00</u>
18. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAHERTY, BRANDON 15065 MCGREGOR BLVD #102 FT. MYERS, FL 33908		The second se				
TITLE NAME STREET ADDRESS CHY-ST-ZE							7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
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TITLE NAME STREET ADDRESS DITY-ST-ZIP			્રામી વર્ષ કરો - આપોર્થ પ્રાથમિક સ્થાપ				
12. I hereby certify that the information supplied with this filling 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 empended 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 anores, with all other hice empowered.							

NAME OF SIGNING OFFICER OR DIRECTOR