2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State
PREVIOUSLY FILED

DOCUMENT # P93000083774

1. Entity Name
TAMPA CHARTERS, INC.

Principal Place of Business	Mailing Address
8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637	8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3218801
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, MICHAEL
8675 HIDDEN RIVER PARKWAY
TAMPA, FL 33637

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACDONALD, JOHN L
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	S
NAME	MOLINA, MICHAEL
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/22/06-80049-015 150.00

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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: _____ 1/ 1/06 8136323300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Molina Date Daytime Phone #