


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90165 029 ***150.00

DOCUMENT # P97000066663

1. Entity Name
JET 1 CHARTER, INC.



Principal Place of Business Mailing Address

**377 CITATION PT.
 NAPLES FL 34104** **377 CITATION PT.
 NAPLES FL 34104**



2. Principal Place of Business 3. Mailing Address

3096 Tamiami Trail North **3096 Tamiami Trail North**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1 **Suite 1**

1st MOORE CR2E034 (10/05)

City & State City & State

Naples, FL **Naples, FL**

Zip Country Zip Country

34103 **USA** **34103** **USA**

4. FEI Number Applied For

59-3471680 Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, J. SCOTT
377 CITATION PT.
NAPLES FL 34104

3096 Tamiami Trail North
Suite 1
34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00.
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, J. SCOTT	
STREET ADDRESS	377 CITATION PT.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	PHILLIPS, J. SCOTT	
STREET ADDRESS	377 CITATION PT.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3096 Tamiami Trail North Suite 1	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3096 Tamiami Trail North Suite 1	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **J. Scott Phillips** 4624106 (239) 643-9900

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #