

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # F00000003037

1. Entity Name

QUEEN'S HARBOUR CHARTER CO., INC.



Principal Place of Business

5401 W KENNEDY BLVD
STE 751
TAMPA, FL 33609

Mailing Address

P.O. BOX 23887
TAMPA, FL 33623



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3389000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILES, JOEL B
5401 W KENNEDY BLVD STE 751
TAMPA, FL 33609

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000476894
04/06/06-80028-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCNEEL, VAN L
STREET ADDRESS 5401 W. KENNEDY BLVD., STE 751
CITY-ST-ZIP TAMPA, FL 33609

TITLE VSTD
NAME WOOD, RENE M
STREET ADDRESS 5401 W. KENNEDY BLVD., STE 751
CITY-ST-ZIP TAMPA, FL 33609

TITLE VP
NAME MORRIS, GREGORY D
STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

René M. Wood 3/20/06 813
Date Daytime Phone #