## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F95000005851**

1. Entity Name

JERRY'S CHARTER SERVICE, INC.



FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

525 82ND ST. OCEAN - MARATHON, FL 33050

Mailing Address

525 82ND ST. OCEAN MARATHON, FL 33050



DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1737344

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRANGMEISTER, GERALD 525 82ND ST. OCEAN MARATHON, FL 33050

## DO NOT WRITE IN THIS SPACE

		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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000669965 03/27/07-80093-019	150.00.
10 OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DRANGMEISTER, GERALD A 525 82ND ST. OCEAN MARATHON, FL 33050					••
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV DRANGMEISTER, DONETTA R 525 82ND ST. OCEAN MARATHON, FL 33050					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS						İ

12. Thereby certify that the information supplied with this filling 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 ampowered.

SIGNATURE: 2

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

3-14-7

305-289-7298