

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # K76709

1. Entity Name
BLACK HILLS FLORIDA CHARTERS, INC.



Principal Place of Business

**2504 W MAIN POB 2860
RAPID CITY, SD 57709**

Mailing Address

**2504 W MAIN POB 2860
RAPID CITY, SD 57709**



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0111009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLSON, PAUL E
BURGESS, HARRELL, MANCUSO & OLSON P.A.
2033 MAIN ST., SUITE 300
SARASOTA, FL 34237**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000728209
05/07/07-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOYLE, GILBERT D III
STREET ADDRESS	2504 W MAIN, P.O. BOX 2860
CITY-ST-ZIP	RAPID CITY, SD 57709
TITLE	T
NAME	MENTELE STEVE E.
STREET ADDRESS	2504 W MAIN, POB 2860
CITY-ST-ZIP	RAPID CITY, SD 57709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Steve Mentel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07 (605)343-1966