

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90290 007 \*\*\*\*50.00

**DOCUMENT # L03000019654**

1. Entity Name  
**PRESNELL CHARTERS, L.L.C.**



Principal Place of Business  
~~75 NORTH WILLIAMS AVENUE~~  
~~PORT ST. JOE, FL 32456~~

Mailing Address  
~~75 NORTH WILLIAMS AVENUE~~  
~~PORT ST. JOE, FL 32456~~

**14023835**



2. Principal Place of Business  
**2141 30A**

3. Mailing Address  
**75 N. SR #135**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE A**

06082004 Chg-LLC CR2E083 (10/03)

City & State  
**PORT ST. JOE, FLORIDA**

City & State  
**GREENWOOD, INDIANA**

4. FEI Number  
**83-0357522**

Applied For  
Not Applicable

Zip  
**32456**

Country  
**USA**

Zip  
**46142**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTIN, CHARLES A**  
**413 WILLIAMS AVENUE**  
**PORT ST. JOE, FL 32456**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PRESNELL, KEVIN L  
~~75 NORTH WILLIAMS AVENUE~~  
~~PORT ST. JOE, FL 32456~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**75 N. SR #135, SUITE A**  
**GREENWOOD, IN 46142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PRESNELL, SHEILA  
~~75 NORTH WILLIAMS AVENUE~~  
~~PORT ST. JOE, FL 32456~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**75 N. SR #135, SUITE A**  
**GREENWOOD, IN 46142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment

14023835  
# L030000 19654

WE HAVE NO IDEA  
WHERE YOU GOT  
THIS ADDRESS FROM.  
PLEASE UPDATE  
WITH CORRECTED  
ADDRESS. THANK YOU.