

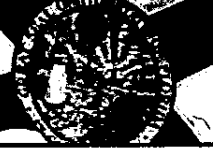


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90031 010 ***150.00

DOCUMENT # L76411 1. Entity Name PARTICULAR PEOPLE CHARTERS, INC.					
Principal Place of Business 4620 GAIL BLVD NAPLES, FL 34104 US			Mailing Address 4620 GAIL BLVD NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0205242	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLASP, INC. - 3001 TAMiami TRAIL N 4TH FLOOR NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WASSMER, LEONARD G. 4620 GAIL BLVD NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WASSMER, ANITA 4620 GAIL BLVD NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRUNO, PRIMUS 18 BUCKINGHAM MANCHESTER, CT		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <i>1/22/08</i> <i>239-793-3525</i> </div>					

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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ATTACHMENT # 40010567
L76411

Annual Report Online Filing
Document Number L76411
Business Entity Name PARTICULAR PEOPLE CHARTERS, INC.

FEI Number 65 - 0205242
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No
Principal Place of Business
Address 4620 GAIL BLVD (PO Box not acceptable)
Suite, Apt. #, etc.
City, State NAPLES, FL
Zip Code & Country 34104 US

Mailing Address
If your mailing address is the same as the principal address above, please check the box below.
Otherwise, enter your mailing address.
☐ Mailing address same as principal address
Address 4620 GAIL BLVD
Suite, Apt. #, etc.
City, State NAPLES, FL
Zip Code & Country 34104 US

Name And Address of Registered Agent
Name (Last, First, Middle, Title) _____
- OR -
Business to serve as RA CLASP, INC.

Street Address in Florida 3001 TAMIAMI TRAIL N (PO Box not acceptable)
Suite, Apt. #, etc. 4TH FLOOR
City, State NAPLES, FL

ATTACHMENT

Zip Code & Country 34103 US

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If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title PD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director WASSMER, LEONARD G.

Street Address 4620 GAIL BLVD

City, State NAPLES FL

Zip Code & Country 34104

Name And Address #2

Title S

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director WASSMER, ANITA

Street Address 4620 GAIL BLVD

City, State NAPLES FL

Zip Code & Country 34104

Name And Address #3

Title T

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address 18 BUCKINGHAM

City, State MANCHESTER CT

Zip Code & Country