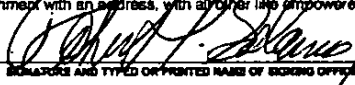


FILED
Jun 05, 2007 8:00 am
Secretary of State

05-11-2007 90022 043 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L96248 1. Entity Name CEDAR KEY CHARTER SERVICE, INC.			
Principal Place of Business 11229 E RIVERVIEW DR RIVERVIEW, FL 33569 US		Mailing Address 11229 E RIVERVIEW DR RIVERVIEW, FL 33569 US	
DO NOT WRITE IN THIS SPACE			
		04102007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3029535		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLANO, ROBERT 11229 E RIVERVIEW DR RIVERVIEW, FL 33569			
		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 reappointing) 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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PS SOLANO, ROBERT 11229 E RIVERVIEW DR RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP SOLANO, BRIAN J 11229 E RIVERVIEW DR RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		ROBERT SOLANO 5/24/07 813-677-9640	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	