2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N02000003902

Entity Name: ANCHORS AWEIGH CHARTERS INC.

Current Principal Place of Business:

1664 SCOTT ROAD
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1664 SCOTT ROAD
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 51-0429473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAIR, STEVEN G
1664 SCOTT ROAD
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAIR, STEVEN G
Address: 1664 SCOTT RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD ( ) Delete
Name: SMITH, RICHEY W
Address: 97537 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: VSD ( ) Delete
Name: HAIR, WANDA K
Address: 1664 SCOTT RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD ( ) Delete
Name: COLEMAN, LANGSHAW
Address: 2136 NORTH RIDGE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HAIR, WANDA K
Address: 1664 SCOTT RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA K HAIR VD 04/21/2009

Electronic Signature of Signing Officer or Director — Date