## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # N0600000910  1. Entity Name CHAUTAQUA CRUISERS, INC  Principal Place of Business  Mailing Address				01-	14-2008 90111 023	****61.25		
398 MILLCRI	EEK DR 398	32433		iki sehi sehi sehi seli sehi esii	B 1846 f fáis dáireir al 1981			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4594 State Hwy 83 N. 4594 State			te Hwy 83					
Suite, Apt.	,	uite, Apt. #, etc.	·		NP CR2E03			
City & State De Fur		ty & State Funiak S	Springs, FL	4. FEI Number 26-0745916	<u> </u>	Applied For Not Applicab	ole	
3243	Country Zi	2433	Country	5. Certificate of Stat		8.75 Additional ee Required		
Name and Address of Current Registered Agent				7. Name and Addre	ss of New Registered A	gent		
SABE, JERRY			$-\mathcal{I}_{N}$	Name I mobene R. Baker				
398 MILLCREEK DR DEFUNIAK SPRINGS, FL 32433			Street Address (P.O. Box Number is Not Acceptable)  4594 State Highway 83 N.					
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				uniat Spa		Zip Code 32 433		
<ol> <li>Ihe above the obligat</li> </ol>	named entity submits this statement for the purplions of registered agent.	ose of changing its re	gistered office or regis	stered agent, or both, in th	ne State of Florida. I am fa	millar with, and accer	Đị	
	Land e	e. h.			1-	11 2008		
SIGNATURE	Signature, typed or printed note of registered agent and title if ap	plicable. (NOTE: R	Registered Agent signature requ	ured when renelation)	DATE	11-2008		
1		,		prod when remaining)	52			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of State		
10.	Due by May 1, 2008 OFFICERS AND DIRECTORS	9. Election Camp Trust Fund Gor	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida Departs S TO OFFICERS AND DIR	ment of State ECTORS IN 10		
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12. I hereby certify that the information supplied with this filling 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 617, 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: BIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELE 1-11-08 850/892-2042