

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 002 ***150.00

DOCUMENT # P01000073559

1. Entity Name

SIX CHUTER CHARTERS, INC.



Principal Place of Business
PO BOX 1255
MARCO ISLAND FL 34146

Mailing Address
PO BOX 1255
MARCO ISLAND FL 34146



2. Principal Place of Business - No P.O. Box #
1821 Dogwood Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Marco Isl, FL.

City & State

4. FEI Number **59-3740193**

Applied For

Not Applicable

Zip
34145

Country
Collier

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHUTE, SHAUN R
1821 DOGWOOD DRIVE
MARCO ISLAND FL 34145

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 re-registering)

DATE

2-1-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
D CHUTE, SHAUN R
PO BOX 1255
MARCO ISLAND FL 34146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other live empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-07 (239) 389-1575