

2006 FOR PROFIT CORPORATION ANNUAL REPORT


06-27-2006 90036 004 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000029974			
1. Entity Name JCG CHARTERS, INC.			
Principal Place of Business 6672 GARDENIA ST WHITE CITY, FL 32465		Mailing Address PO BOX 1068 PORT ST JOE, FL 32457	
2. Principal Place of Business 6672 Gardenia St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1068 Suite, Apt. #, etc.	
City & State White City, Florida		City & State Port St Joe, Florida	
Zip 32465		Zip 32457	
Country USA		Country USA	
6. Name and Address of Current Registered Agent SETTERICH, CAROL 6672 GARDENIA STREET WHITE CITY, FL 32457		7. Name and Address of New Registered Agent 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 reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	P SETTERICH, CAROL B PO BOX 1068 PORT ST JOE, FL 32457	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, GREGORY S 412 MAIN STREET BROOKSIDE, AL 35036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SETTERICH, JOHN W PO BOX 1068 PORT ST JOE, FL 32457	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Carol Barnett Setterich, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

(850) 827-2469
(850) 527-4258