## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2007 08:00 All Secretary of State DOCUMENT # P02000078886 CAPTAIN CHRIS'S CHARTERS & TOURS, INC. Principal Place of Business Mailing Address 6135 LAKEFRONT DR 6135 LAKEFRONT DR FORT MYERS, FL 33908 FORT MYERS, FL 33908 No Chg-P CR2E034 (11/05) 03122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0094779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WALLACE, CHRISTOPHER 6135 LAKE FRONT DR FORT MYERS, FL 33908 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U000000727464 Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS 10. TITLE WALLACE, CHRISTOPHER NAME 6135 LAKE FRONT DR STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRIT CITY-ST-ZIP 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, Flori indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Schanged, or on an attachment with an address, with all other like empowered.

unat I am an officer or director appears in Block 10 or Block 11 if

**FILED** 

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

GNATURE AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #