

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90054 036 ***150.00

DOCUMENT # P02000135500

1. Entity Name

GILLS AND THRILLS CHARTERS, INC.



Principal Place of Business

~~1110 RIVER STREET DR~~
~~STEINHATCHEE FL 32359~~

Mailing Address

~~P.O. BOX 912~~
~~STEINHATCHEE FL 32359~~

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

1 DOLPHIN DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 239

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

St. Augustine FL

City & State

Cumming GA

4. FEI Number

65-1166465

Applied For

Not Applicable

Zip

32080

Country

USA

Zip

30028

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CAMPBELL, JAMES R~~
~~1110 RIVER STREET~~
~~STEINHATCHEE FL 32359~~

7. Name and Address of New Registered Agent

Name: CAMPBELL James R

Street Address (P.O. Box Number is Not Acceptable)

1 DOLPHIN DR.

City

St. Augustine

FL

Zip Code

32080

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

James R. Campbell
James R. Campbell

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

(NOTE: Registered Agent signature required when re-registering)

DATE

3/17/07

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

TITLE: PSTD
NAME: CAMPBELL, JAMES R
STREET ADDRESS: 1110 RIVER STREET
CITY - ST - ZIP: STEINHATCHEE FL 32359

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS: 1 DOLPHIN DR.
CITY - ST - ZIP: St. Augustine FL 32080

☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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STREET ADDRESS:
CITY - ST - ZIP:

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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, with all other like empowered.

SIGNATURE:

James R. Campbell James R. Campbell 3/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

678.478.4386