

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000046854**

1. Entity Name  
**ARK CHARTERS, INC.**



Principal Place of Business  
**6017 PINE RIDGE ROAD #174  
NAPLES, FL 34119**

Mailing Address  
**6017 PINE RIDGE ROAD #174  
NAPLES, FL 34119**



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0780446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KELLY, ALEXANDRA  
6017 PINE RIDGE ROAD #174  
NAPLES, FL 34119**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ **\$5.00 May Be  
Added to Fees**

1100000535223  
05/06/06-80045-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KELLY, ALEXANDRA
STREET ADDRESS	981 21ST STREET SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	D
NAME	KELLY, DARREN
STREET ADDRESS	981 21ST STREET SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Alexandra Kelly Alexandra Kelly 4/23/06 239-732-1414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #