2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-01-2004 90002 039 ***150.00

[redacted]

05272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000083800

1. Entity Name
THIRD GENERATION CHARTERS INC.

Principal Place of Business	Mailing Address
29141 CLOVER LANE BIG PINE KEY, FL 33043	29141 CLOVER LANE BIG PINE KEY, FL 33043

2. Principal Place of Business	3. Mailing Address
	PO BOX 431383
Suite, Apt. #, etc.	Suite, Apt. #, etc. Big Pine Key
City & State	City & State FLORIDA
Zip / Country	Zip 33043 / Country MONROE

4. FEI Number 65-1199042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPE, JAMES E III
29141 CLOVER LANE
BIG PINE KEY, FL 33043

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] III 5/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES E. SHARPE III PresiDENT 29141 CLOVER LN. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES E. SHARPE III PresiDENT 29141 CLOVER LN ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOX 431383 BPK FL 33043 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOX 431383 Big Pine Key FL 33043 ☐ 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
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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 exemption stated in Section 119.07(3)(i), 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: [signature] III 5/27/04 305-872-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#P03000083800 U4427749 [redacted]

Attachment
P03000083800

CUNNINGHAM, MILLER & KYLE, P.A.
Attorneys at Law

TO WHOM IT MAY CONCERN;

WE HAVE NOT RECEIVED the NOTICE FOR this thing HERE. PLEASE CHANGE MAILING ADDRESS TO the P.O BOX.

THANK YOU
JIM SHARPE

2975 OVERSEAS HIGHWAY
P.O. BOX 500938
MARATHON, FLORIDA 33050

TELEPHONE: 9305) 743-9428
FAX: (305) 743-8800
WWW.FLORIDAKEYSLAW.COM