

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144926

1. Entity Name

CAPTAIN CHUCK SCHAFSTALL, INC.



Principal Place of Business

MM82 OVERSEAS HWY
@ LORELEI DOCKS
ISLAMORADA FL 33036
US

Mailing Address

PO BOX 20
TAVERNIER, FL 33070
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0449589

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFSTALL, CHARLES C
149 PUEBLO ST
TAVERNIER FL 33070

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHAFSTALL, CHARLES C
STREET ADDRESS 149 PUEBLO ST
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000438903
04/24/06-80010-003 150.00

TITLE VD ☐ Delete
NAME SCHAFSTALL, MICHELLE B
STREET ADDRESS 149 PUEBLO ST
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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: Michelle B. Schafstall Michelle B. Schafstall 4-7-06 305-852