

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000014172

1. Entity Name  
KICKBACK CHARTERS, INC.



FILED

06 JUN 15 AM 10:24

STATE OF FLORIDA

Principal Place of Business  
1214 TUSCANY RD  
PANAMA CITY, FL 32405

Mailing Address  
1214 TUSCANY RD  
PANAMA CITY, FL 32405

2. Principal Place of Business

1206 Huntington Rd  
Suite, Apt. #, etc.

3. Mailing Address

1206 Huntington Rd  
Suite, Apt. #, etc.



REINSTATEMENT

05-06

City & State  
Lynn Haven FL

City & State  
Lynn Haven FL

4. FEI Number  
30-0231435

Applied For  
Not Applicable

Zip  
32444

Country  
Bay

Zip  
32444

Country  
Bay

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

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 NW 16 ST  
FT LAUDERDALE, FL 33311

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

*Scott C. Lillard*

(NOTE: Registered Agent signature required when reinstating)

4/20/06

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP PRESIDENT  
LILLARD, SCOTT  
1214 TUSCANY RD  
PANAMA CITY, FL 32405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
LILLARD, TAMMY  
1214 TUSCANY RD  
PANAMA CITY, FL 32405 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800076383688  
05/20/06--01024--014 \*\*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary Timothy Adamery K  
207 Hidden Pines  
Panama City FL 32408 ☒ Addition *Secretary*

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

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

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 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:

*Scott C. Lillard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

Date

Daytime Phone #

B. Mitchell JUN 15 2006