## FILED Feb 14, 2008 8:00 am Secretary of State

02-14-2008 90032 048 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090818 1. Entity Name CONQUEST II CHARTERS, INC. 40025352 Principal Place of Business Mailing Address 9180 ESTERO PARK COMMONS BLVD. 9180 ESTERO PARK COMMONS BLVD. SUITE 7 SUITE 7 ESTERO, FL 33928-2318 ESTERO, FL 33928-2318 CR2E034 (11/05) 02012008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1256539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HUBBARD, STEVEN WESQ 2320 FIRST ST **SUITE 1000** IN THIS SPACE FT MYERS, FL 33901 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE **PRES** THROGMARTIN, RONALD NAME STREET ADDRESS 9180 ESTERO PARK COMMONS BLVD., SUITE 7 CITY-ST-ZIP ESTERO, FL 339282318 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 encoursed 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:

NAME STREET ADORESS CITY-ST-ZIP

RONALD THROGMOTTIN

2-6-08 239-949-0299

Dayime Phone #