

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000153582 1. Entity Name SAN MARCO CHARTERS, INC.																											
Principal Place of Business 807 SEA COURT MARCO ISLAND, FL 34145		Mailing Address 807 SEA COURT MARCO ISLAND, FL 34145																									
DO NOT WRITE IN THIS SPACE																											
2. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145		DO NOT WRITE IN THIS SPACE																									
3. 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 reappointing) Signature, typed or printed name of registered agent and title if applicable																											
FILE NOW!!! FEE IS \$450.00 After May 1, 2006 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 70%;">HEIDINGS, MARC</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>807 SEA COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MARCO ISLAND, FL 34145</td> </tr> </table>		TITLE	D	HEIDINGS, MARC	NAME			STREET ADDRESS		807 SEA COURT	CITY-ST-ZIP		MARCO ISLAND, FL 34145	DO NOT WRITE IN THIS SPACE													
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-27-06 239-394-4700 Daytime Phone																									



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1662579	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$9.75 Additional Fee Required
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UD00000544753
05/11/06-80049-004 150.00