

FILED
May 31, 2007 8:00 am
Secretary of State

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05-08-2007 90012 007 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000015543		
1. Entity Name TWO CONCHS CHARTERS, INC.		
Principal Place of Business 108 SAGUARO LANE MARATHON, FL 33050		Mailing Address 108 SAGUARO LANE MARATHON, FL 33050
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Subs. Apt. #, etc.		Subs. Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 20-2280053		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORBIN, SUSAN M 8083 OVERSEAS HWY MARATHON, FL 33050		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 _____ DATE _____ Signature, typed or printed name, date, and title of signatory. (NOTE: Registered Agent signature requires notary public)		
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
NAME	CARLSON, JACK W	
STREET ADDRESS	108 SAGUARO LANE	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 appropriate fees. With all other the empowered.		
SIGNATURE: <u>Jack Carlson</u> 35-743-6053-42807		