## 2007 FOR PROFIT CORPORATION

## FILED May 04, 2007 8:00 am Secretary of State

|  | ANNUAL  | . KEPUK I  |                                       |  | cuity o                        |                 |                         |
|--|---|--|---------------------------------------|--|--------------------------------|-----------------|-------------------------|
| 1. Entity Nam  | MENT # P05000016<br>BROUP CHARTERS, INC.  |  | 2007 90076 01                         | 6 ***150                                   | .00                            |                 |                         |
| Principal Place of Business 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250 |   | Mailing Address 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250 |                                       | ₫070°                                      | 11 6811L 9811L 881TBL HB18 211 |                 | ari n irri              |
| Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |                                       |  |                                |                 |                         |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |                                       | 04172007 Chg-l                             | > CR2E00                       | 34 (12/06)      |                         |
| City & State   |   | City & State   | City & State                          |  |                                |                 | plied For<br>Applicable |
| Zip  | Country   | Zip  | Country                               | 5. Certificate of Status D                 |                                | \$8.75 Addi     |                         |
|  | 6. Name and Address of Current  | Registered Agent   |                                       | 7. Name and Address of                     | f New Registered A             | gent            |                         |
| MCCUE, EDWARD R JR 1548 THE GREENS WAY SUITE 3  Name U Street Addre                  |   |  |                                       | Mace R. Du<br>s (P.O. Box Number is Not Ac | eulin, J                       |                 |                         |
| JACKSONVILLE BEACH, FL 32250   |   |  | 1548<br>City VOA                      | The Green                                  | s Way                          | Suite           | 3                       |
|  | named entity submits this statement to<br>ions of registered agent                  | Sulfe  | egistered office or regist            |  | ale of Florida. I am f         | amiliar with, a | and accept              |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.                           | 9. Election Campaig  Trust Fund Contril                                  |                                       | 5.00 May Be<br>dded to Fees                |                                |                 |                         |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.                                   | ADDITIONS/CHANGES                          | TO OFFICERS AND                | DIRECTORS       | IN 11                   |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP  | D<br>DEVLIN, WALLACE R JR<br>1548 THE GREENS WAY SUITE<br>JACKSONVILLE BEACH, FL 32 |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                                | ☐ Change        | ☐ Addition              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                                | Change          | Addition                |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |   | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP       |  |                                | Change          | ☐ Addition              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Deliste  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                                | ☐ Change        | Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                                | ☐ Change        | Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Detete   | 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: /////   |      |                 |
|--|------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |