

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90007 002 \*\*\*150.00

**DOCUMENT # P05000028638**  
 1. Entity Name  
 OUTTA HERE CHARTERS, INC.



Principal Place of Business: 1417 FIRST AVE. NORTH STEINHATCHEE, FL 32359 US  
 Mailing Address: P.O. BOX 495 STEINHATCHEE, FL 32359 US

66022584



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

07142006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
 EMERY, NUNNIE  
 1417 FIRST AVE. NORTH  
 STEINHATCHEE, FL 32359

4. FEI Number: 20-2394991  
 Applied For: Not Applicable

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

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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	EMERY, NUNNIE	
STREET ADDRESS	P.O. BOX 495 1417 FIRST AVE. NORTH	
CITY - ST - ZIP	STEINHATCHEE, FL 32359	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EMERY, JAMES W	
STREET ADDRESS	P.O. BOX 495 1417 FIRST AVE. NORTH	
CITY - ST - ZIP	STEINHATCHEE, FL 32359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: NUNNIE EMERY 2/18/06 3524982453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #