


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-2394771 Not Applicable

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 STREET ADDRESS CITY-ST-ZIP	PST EMERY, NUNNIE P.O. BOX 495 1417 FIRST AVE. NORTH STEINHATCHEE, FL 32359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMERY, JAMES W P.O. BOX 495 1417 FIRST AVE. NORTH STEINHATCHEE, FL 32359
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01/30/07-80056-022 150.00

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IN THIS SPACE**

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 NUNNIE Emery 1/26/07 352 498 2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #