


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 011 \*\*\*150.00

<b>DOCUMENT # P05000044966</b>	
<b>1. Entity Name</b> CHARLOTTE COUNTY JET CENTER INC	

<b>Principal Place of Business</b> 3191 HARBOR BLVD STE B PORT CHARLOTTE, FL 33952	<b>Mailing Address</b> 3191 HARBOR BLVD STE B PORT CHARLOTTE, FL 33952
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<b>2. Principal Place of Business - No P.O. Box #</b> 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953	<b>3. Mailing Address</b> 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953
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04122007 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 20-2564238	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> DUNN, CAROL J 3191 HARBOR BLVD STE B PORT CHARLOTTE, FL 33952	<b>7. Name and Address of New Registered Agent</b> Name: 950 Tamiami Trail Street Ad: STE 101 Pt. Charlotte, FL 33953 City: FL Zip Code:
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**8. The above named entity submits the 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** 4/18/07

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P/T <input type="checkbox"/> Delete	<b>NAME</b> DUNN, CAROL J	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 950 Tamiami Trail
<b>STREET ADDRESS</b> 17479 O'HARA DR	<b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33952	<b>STREET ADDRESS</b> STE 101	<b>CITY-ST-ZIP</b> Pt. Charlotte, FL 33953
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> DEGROSS, DEAN	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> 4211 EAGLE NEST CT	<b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> S <input type="checkbox"/> Delete	<b>NAME</b> OSKEY, RONALD J	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 950 Tamiami Trail
<b>STREET ADDRESS</b> 3191 HARBOR BLVD STE B	<b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33952	<b>STREET ADDRESS</b> STE 101	<b>CITY-ST-ZIP</b> Pt. Charlotte, FL 33953
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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** 4/18/07 **DAYTIME PHONE #** 941-629-8886