

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063798

FILED
Jul 02, 2006
Secretary of State

Entity Name: LOWER MATECUMBE CHARTERS & CONSULTING, INC.

Current Principal Place of Business:

396 PALM DRIVE
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

396 PALM DRIVE
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 20-2796876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISKE, EARL G
396 PALM DRIVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

RISKE, EARL G RA
396 PALM DRIVE
ISLAMORADA, FL 33036 US

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.

SIGNATURE: EARL G RISKE

07/02/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: RISKE, EARL G
Address: 396 PALM DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: RISKE, EARL G
Address: 396 PALM DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: RISKE, EARL G DPVS
Address: 396 PALM DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: T (X) Change () Addition
Name: RISKE, EARL G T
Address: 396 PALM DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Change (X) Addition
Name: RISKE, EARL G T
Address: 396 PALM DRIVE
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL G RISKE

DPVS

07/02/2006

Electronic Signature of Signing Officer or Director

Date