

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000063798

**FILED**  
**Jan 09, 2012**  
**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 RA  
396 PALM DRIVE  
ISLAMORADA, FL 33036 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EARL G RISKE

RA

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date