## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90240 003 \*\*\*150.00 DOCUMENT # P05000084849 1. Entity Name MERRIKOHL CHARTERS, INC. Principal Place of Business Mailing Address 705 FOREST SHORE DR 705 FOREST SHORE DR MIRAMAR BACH, FL 32550 US MIRAMAR BACH, FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01252006 : Chg-P City & State City & State Applied For 4. FEI Number 20-2966143 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODHAM, JASON Street Address (P.O. Box Number is Not Acceptable) 705 FOREST SHORE DR MIRAMAR BEACH, FL 32550 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE ☐ Delete TITLE Change ☐ Addition WOODHAM, JASON NAME NAME STREET ADDRESS 235 MATTIE'S WAY 705 FOREST SHORE DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP MIRAMAR BEACH, FL 32550 TITLE ☐ Delete TITLE Change Addition NAME WOODHAM, JASON NAME 705 FOREST SHORE DRIVE STREET ADDRESS 235 MATTIE'S WAY STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP MIRAMAR BEACH, FL 32550 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this liling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06 850 - 254 - 5446

FILED