## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 08:00 AM Secretary of State

	ANNUAL	REPORT	•
DOCUMENT #	P05000165	784	•

1. Entity Name
HACKNEY FISHING CHARTERS, INC.

Principal Place of Business

5607 FLOTILLA DRIVE HOLMES BEACH, FL 34217 Mailing Address

5607 FLOTILLA DRIVE HOLMES BEACH, FL 34217

US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01192007	No Chg-P	CR2E034 (11/05)	
4. FEI Number			Applied For
20-4188004			Not Applicabl

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HACKNEY, RICHARD H 410 43RD STREET WEST SUITE A BRADENTON FL 34209

## DO NOT WRITE IN THIS SPACE

SUITE A BRADENTON, FL 34209		IN THIS SPACE				
	named entity submits this statement for the price of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HACKNEY, RYAN E 5607 FLOTILLA DRIVE HOLMES BEACH, FL 34217					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000595702 01/23/07-80050-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE Name Street address City-St-Zip				IN <sup>-</sup>	THIS SPACE	
TITLE NAME Street Address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
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.

NATURE: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

941 7205267