2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90003 030 ***150.00

DOCUMENT # P0600034051 1. Entity Name LIGHT LINES CHARTERS, INC.						03-22-2007	90003 030 **	130	7.00
1008 FAY DF	e of Business R R, FL 32569	Mailing Address 1008 FAY DR MARY ESTHER, FL 325	*		40039545				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007	Chg-P	CR2E034 (1	2/06)		
City & State		City & State			4. FEI Number	83405		 -	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.7 Fee F	5 Add Required	itional 1
	6. Name and Address of Curren	t Registered Agent		No.	7. Name and A	Address of New R	Registered Agent		
COCHRAN, KIRSTEN E 1008 FAY DR				Name Street Address (P.O. Box Number is Not Acceptable)					
MARY ESTHER, FL 32569						-			
				City	FL Zip Code				
the obligat	named entity submits this statement flions of registered agent.	or the purpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Flo	orida. I am familia	ar with,	and accept
SIGNATÜRE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E Registere	d Agent signature requir	red when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					5.00 May Be				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE	P Delete TITL		I		_		Change	Addition	
NAME STREET ADDRESS	COCHRAN, ROBERT C I NAM 1008 FAY DR STR		ET ADDRESS						
CITY-ST-ZIP			-ST-ZIP					!	
TITLE	VP Delete 1614.						Change	☐ Addition	
NAME	COCHRAN, KIRSTEN E		NAM						
STREET ADDRESS CITY-ST-ZIP	1008 FAY DR MARY ESTHER, FL 32569			ET ADORESS - ST-ZIP					
TITLE		□ Delete	TITLE					hange	Addition
NAME			NAM	Ε			_	•	
STREET ADORESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not quality 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: Kusten & Cochian Kilsten & Cochian, VP 3/19/07 850 581-630