

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000042260

1. Entity Name
FINS-N-GRINS FISHING CHARTERS, INC.



**FILED
Jul 09, 2007 8:00 am
Secretary of State**

07-09-2007 90048 040 ***150.00

Principal Place of Business

148 PEBBLE BEACH BOULEVARD
NAPLES, FL 34113

Mailing Address

148 PEBBLE BEACH BOULEVARD
NAPLES, FL 34113

2. Principal Place of Business - No P.O. Box #

167 Muirfield Cr

3. Mailing Address

167 Muirfield Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34113

Country

USA

Zip

34113

Country

USA

6. Name and Address of Current Registered Agent

VAN JONES, MICHAEL J
148 PEBBLE BEACH BLVD.
NAPLES, FL 34113

Name

Van Jones Michael J

Street Address (P.O. Box Number is Not Acceptable)

167 Muirfield Cr.

City

Naples

FL Zip Code 34113

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

Michael J Van Jones

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when restating)

DATE

7-5-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME VAN JONES, MICHAEL J
STREET ADDRESS 148 PEBBLE BEACH BOULEVARD
CITY-ST-ZIP NAPLES, FL 34113

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Van Jones Michael J.
STREET ADDRESS 167 Muirfield Cr.
CITY-ST-ZIP Naples FL 34113

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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.

Michael J Van Jones Michael J Van Jones 7-5-07 784-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239)