

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-09-2007 90048 040 \*\*\*150.00

<b>DOCUMENT # P06000042260</b> 1. Entity Name <b>FINS-N-GRINS FISHING CHARTERS, INC.</b>					
Principal Place of Business <b>148 PEBBLE BEACH BOULEVARD NAPLES, FL 34113</b>			Mailing Address <b>148 PEBBLE BEACH BOULEVARD NAPLES, FL 34113</b>		
2. Principal Place of Business - No P.O. Box # <b>167 Muirfield Cr</b>		3. Mailing Address <b>167 Muirfield Cr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>		4. FEI Number <b>20-4979172</b>	
Zip <b>34113</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAN JONES, MICHAEL J 148 PEBBLE BEACH BLVD. NAPLES, FL 34113</b>			7. Name and Address of New Registered Agent Name <b>Van Jones, Michael J</b> Street Address (P.O. Box Number is Not Acceptable) <b>167 Muirfield Cr.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34113</b>		
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 <u><i>Michael J Van Jones</i></u> DATE <u>7-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VAN JONES, MICHAEL J 148 PEBBLE BEACH BOULEVARD NAPLES, FL 34113</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Van Jones, Michael J. 167 Muirfield Cr Naples FL 34113</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>Michael J Van Jones</i></u> <b>Michael J Van Jones</b> <u>7-5-07</u> <u>784-3140</u> (239) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					