

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90007 002 \*\*\*150.00

**DOCUMENT # P06000045245**

1. Entity Name  
**AQUATIC CHARTERS INC**



Principal Place of Business  
**2960 OWEN BELL LANE  
PENSACOLA, FL 32507**

Mailing Address  
**2960 OWEN BELL LANE  
PENSACOLA, FL 32507**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252008

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-4595456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, BONNIE J  
2960 OWEN BELL LANE  
PENSACOLA, FL 32507**

Name

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

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TIPPIN, CAROL A</b>	
STREET ADDRESS	<b>2960 OWEN BELL LANE</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, BONNIE J</b>	
STREET ADDRESS	<b>2960 OWEN BELL LANE</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>TIPPIN, JON M</b>	
STREET ADDRESS	<b>2960 OWEN BELL LANE</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, BONNIE J</b>	
STREET ADDRESS	<b>2960 OWEN BELL LANE</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIPPIN, CAROL A</b>	
STREET ADDRESS	<b>2960 OWEN BELL LANE</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Bonnie Joann Johnson*

DATE: *MARCH 29, 2008*