2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
02-05-2007 90116 014 ***150.00

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01292007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000050245

1. Entity Name
PATRIOT MARITIME CHARTERS, INC.

Principal Place of Business	Mailing Address
~~375 CARROUSEL CT~~ ~~MERRITT ISLAND, FL 32952~~	~~375 CARROUSEL CT~~ ~~MERRITT ISLAND, FL 32952~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2580 S. Courtenay Pkwy	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island FL	City & State
Zip: 32952 Country: USA	Zip Country

4. FEI Number: 20-4740796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISH, JOHN P
375 CARROUSEL CT
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN P FISH 2580 S COURTENAY PKWY MERRITT ISLAND, FL 32952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

i 160056050

Dear Florida Department of State, # P06000050245

Please update my Principle Place of Business and Mailing address to: 2580 S. Courtenay Pkwy, Merritt Island, FL 32952.

Thanks,

John Fish
Cell: 321-626-0902