

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90028 032 ***150.00

DOCUMENT # P06000136581 1. Entity Name CLASSIC BOAT CHARTERS, INC.																											
Principal Place of Business 1 SW 1ST PL CRYSTAL RIVER, FL 34429		Mailing Address P.O. BOX 653 SHALIMAR, FL 32579																									
2. Principal Place of Business - No P.O. Box # 411 Walnut St		3. Mailing Address 411 Walnut St																									
Suite, Apt. #, etc. #4397		Suite, Apt. #, etc. #4397																									
City & State Green Cove Springs FL		City & State Green Cove Springs FL																									
Zip 32043-3443	Country USA	Zip 32043-3443	Country USA																								
4. FEI Number 22-3949580		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KING, RICKY L 1 SW 1ST PL CRYSTAL RIVER, FL 34429		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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>Ricky L King</i></u> 3/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KING, RICKY L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 653</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHALIMAR, FL 32579</td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> Delete	NAME	KING, RICKY L		STREET ADDRESS	P.O. BOX 653		CITY-ST-ZIP	SHALIMAR, FL 32579		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>Ricky L King</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/26/08 770-314-6523 <small>Date Daytime Phone #</small>																									