

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P96000014682

1. Entity Name

ISLAND CHARTERS OF CARRABELLE, INC.



Principal Place of Business

1003 US HWY 98
CARRABELLE FL 32322
US

Mailing Address

P.O. BOX 57
CARRABELLE FL 32322
US



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

4. FEI Number **59-3359478**

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

MCDARIS, ROBERT A JR.
1003 US HWY 98
CARRABELLE FL 32322

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 - applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
P
MCDARIS, ROBERT A JR.
P.O. BOX 57
CARRABELLE FL 32322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000757920
05/23/07-80092-018 61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
MCDARIS, CAROL L
P.O. BOX 57
CARRABELLE FL 32322 ☐ Delete

TITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert A. McDaris Robert A. McDaris 4/27/07 (850) 488-3364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #