




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90010 042 ***150.00

DOCUMENT # P98000010064 1. Entity Name ALMOST HEAVEN CHARTERS, INC.					
Principal Place of Business 13060 GARFIELD CR 13215 PALMERS CREEK TER. PLACIDA, FL 33946 CREEK TER, LAKEWOOD RANCH, FL 34202 LAKEWOOD RANCH FL 34202				Mailing Address 13215 PALMERS CREEK TER. CREEK TER, LAKEWOOD RANCH, FL 34202 ↑ CORRECT	
2. Principal Place of Business - No P.O. Box # 13215 PALMERS CREEK TER.		3. Mailing Address 13215 PALMERS CREEK TER.			
Suite, Apt. #, etc. CREEK TER.		Suite, Apt. #, etc. 		01152008 Chg-P CR2E034 (12/06)	
City & State LAKEWOOD RANCH FL.		City & State 		4. FEI Number 65-0809951	
Zip 34202		Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULKEY, LARRY PO BOX 338 13215 PALMERS CREEK TER. PLACIDA FL 33946 LAKEWOOD RANCH FL 34202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MULKEY, PEGGY PO BOX 338 13215 PALMERS CREEK TER PLACIDA FL 33946 LAKEWOOD RANCH FL 34202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date: 1-25-08 Daytime Phone #: 941-306-5005		