

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90382 006 ***150.00

DOCUMENT # P98000056650

1. Entity Name
J & R CHARTERS, INC.



Principal Place of Business

951 CAROLINE ST
KEY WEST, FL 33040

Mailing Address

22916 BLUE GILL LANE
CUDJOE KEY, FL 33042

2. Principal Place of Business

182 NE 931 ST

3. Mailing Address

182 NE 931 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006

Chg-P

CR2E034 (11/05)

City & State

BRANFORD, Florida

City & State

BRANFORD, Florida

4. FEI Number

65-0845880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DISCHER, RUTH
22916 BLUE GILL LN
CUDJOE KEY, FL 33042

Change

**182 NE 931 ST
BRANFORD, FL
32008**

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 **Ruth Discher - Ruth Discher**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 12, 2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DISCHER, JOHN	
STREET ADDRESS	22916 BLUE GILL LANE	NEW Address
CITY - ST - ZIP	CUDJOE KEY, FL 33042	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	DISCHER, RUTH	
STREET ADDRESS	22916 BLUE GILL LANE	New Address
CITY - ST - ZIP	CUDJOE KEY, FL 33042	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	182 NE 931 ST
CITY - ST - ZIP	BRANFORD, FL 32008
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	182 NE 931 ST
CITY - ST - ZIP	BRANFORD, FL 32008
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	
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: **Ruth Discher - Ruth Discher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-06 352-542-1736