## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000080264

Entity Name: FAR HORIZON CHARTERS, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

530 LILLIAN DRIVE 13502 BOCA CIEGA AVENUE MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708

Current Mailing Address: New Mailing Address:

530 LILLIAN DRIVE 13502 BOCA CIEGA AVENUE MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708

FEI Number: 59-3531798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NALEWICKI, MICHAEL S
530 LILLIAN DRIVE
MADEIRA BEACH, FL 33708 US

NALEWICKI, MICHAEL S
13205 BOCA CIEGA AVENUE
MADEIRA BEACH, FL 33708 US

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.

SIGNATURE: 04/30/2008

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 D
 ( ) Delete

 Name:
 NALEWICKI, MICHAEL S

 Address:
 530 LILLIAN DRIVE

City-St-Zip: MADEIRA BEACH, FL 33708

 Title:
 D
 ( ) Delete

 Name:
 NALEWICKI, MARGARET

 Address:
 530 LIALLIAN DRIVE

 City-St-Zip:
 MADEIRA BEACH, FL 33708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NALEWICKI, MICHAEL S
Address: 13205 BOCA CIEGA AVENUE

Title: D (X) Change () Addition

MADEIRA BEACH, FL 33708

Name: NALEWICKI, MARGARET
Address: 13205 BOCA CIEGA AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. NALEWICKI D 04/30/2008