

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P98000084461

1. Entity Name  
BLACK SHEEP CHARTERS, INC.



Principal Place of Business  
553 MOURNING DOVE CIRCLE  
LAKE MARY, FL 32746

Mailing Address  
553 MOURNING DOVE CIRCLE  
LAKE MARY, FL 32746



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3533015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAND, ROBERT L  
553 MOURNING DOVE CIRCLE  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	LAND, ROBERT L
STREET ADDRESS	553 MOURNING DOVE CIRCLE
CITY-STATE-ZIP	LAKE MARY, FL 32746

TITLE	VPS
NAME	LAND, BARBARA F
STREET ADDRESS	553 MOURNING DOVE CIRCLE
CITY-STATE-ZIP	LAKE MARY, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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U00000663252  
03/21/07-80046-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert L. Land* *Robert L. Land*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07 407-321-2553

Date

Daytime Phone #