

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06978

Entity Name: A C CHARTERS INC.

FILED  
Apr 03, 2011  
Secretary of State

**Current Principal Place of Business:**

% ROBERT A MILLS  
1 FRONT STR.  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

% ROBERT A MILLS  
P.O. BOX 1101  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

FEI Number: 59-3099707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLS, ROBERT A.  
1425 BROOME ST  
FERNANDINA BEACH, FL 32034 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLS, ROBERT A P  
Address: 1425 BROOME ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP  
Name: MILLS, TRAVIS A VP  
Address: 1425 BROOME ST  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: T  
Name: MILLS, ALEXANDRA C T  
Address: 1425 BROOME STR  
City-St-Zip: FERNANDINA BCH, FL 32034 US

Title: D  
Name: MILLS, JACQUILINE M  
Address: 1425 BROOME STR  
City-St-Zip: FERNANDINA BCH, FL 32034 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. MILLS

PRES

04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date