

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047534

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: A1A SPORTFISHING CHARTERS, INC.

**Current Principal Place of Business:**

6973 HIGHWAY AVE  
SUITE 108  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

6973 HIGHWAY AVE  
SUITE 108  
JACKSONVILLE, FL 32254 US

**Current Mailing Address:**

6973 HIGHWAY AVE  
SUITE 108  
JACKSONVILLE, FL 32254

**New Mailing Address:**

6973 HIGHWAY AVE  
SUITE 108  
JACKSONVILLE, FL 32254 US

FEI Number: 20-8879858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KILLIAN, DAVID S  
6973 HIGHWAY AVE  
SUITE 108  
JACKSONVILLE, FL 32254 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: KILLIAN, DAVID  
Address: 3898 DUPONT CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID S. KILLIAN

DPST

02/04/2008

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

\_\_\_\_\_ Date