

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90019 036 ***150.00



DOCUMENT # J73688
 1. Entity Name
CHARWOOD CORPORATION

Principal Place of Business Mailing Address
1630 MCCALL ROAD ENGLEWOOD, FL 34223 US **9300 PINE COVE DR ENGLEWOOD, FL 34224 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **1900 Land O' Lakes Blvd**
Suite 117

City & State
Lutz, FL

Zip Country
33549 Country



01222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
LUSSENDEN, ROBERT L
9300 PINE COVE ROAD
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent
 Name **Lussenden, Brian D.**
 Street Address (P.O. Box Number is Not Acceptable) **1900 Land O' Lakes Blvd**
Suite 117
 City **Lutz** **FL** Zip Code **33549**

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 *Brian D. Lussenden* **Brian D. Lussenden, Pres** **1/22/04**
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, 2004 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 checked="" type="checkbox"/> Delete
NAME	LUSSENDEN, ROBERT L.	
STREET ADDRESS	9300 PINE COVE RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSSENDEN, KEVIN	
STREET ADDRESS	9300 PINE COVE RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEITH, LUSSENDEN	
STREET ADDRESS	9300 PINE COVE RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSSENDEN, BRIAN	
STREET ADDRESS	20621 ARTHURS	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOVEK, PAM	
STREET ADDRESS	9300 PINE COVE RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, DIANA	
STREET ADDRESS	9300 PINE COVE RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PVSTD Lussenden, Brian D	
STREET ADDRESS	1900 Land O' Lakes Blvd, Suite 117	
CITY-ST-ZIP	Lutz, FL 33549	
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 exemption stated in Section 119.07(3)(i), 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 *Brian D. Lussenden* **Brian D. Lussenden, Pres** **1/22/04** **813.948.2239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #