


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90190 050 ***150.00

DOCUMENT # J73688			
1. Entity Name CHARWOOD CORPORATION			
Principal Place of Business 1630 MCCALL ROAD ENGLEWOOD, FL 34223 US		Mailing Address 1900 LAND O'LAKES BLVD STE 117 LUTZ, FL 33549 US	
2. Principal Place of Business		3. Mailing Address 20621 Arthur Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lutz, FL	
Zip	Country	Zip	Country
33558	USA	33558	USA
6. Name and Address of Current Registered Agent LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD. STE 117 LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Lussenden, Brian D. Street Address (P.O. Box Number is Not Acceptable) 20621 Arthur Ct. City Lutz FL Zip Code 33558	
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: <i>Brian D. Lussenden</i> Pres Brian D. Lussenden		DATE: 1/8/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSSENDEN, KEVIN 1900 LAND O LAKES BLVD STE 117 LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lussenden, Kevin D. 20621 Arthur Ct Lutz, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, LUSSENDEN 1900 LAND O LAKES BLVD STE 117 LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lussenden, Keith A. 20621 Arthur Ct. Lutz, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD LUSSENDEN, BRIAN 1900 LAND O'LAKES BLVD, STE 117 LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD Lussenden, Brian D. 20621 Arthur Ct. Lutz, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOVEK, PAM 1900 LAND O LAKES BLVD STE 117 LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slovek, Pam 20621 Arthur Ct Lutz, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DIANA 1900 LAND O LAKES BLVD STE 117 LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart, Diana 20621 Arthur Ct Lutz, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lussenden, Robert C. 20621 Arthur Ct. Lutz, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Brian D. Lussenden</i> Pres Brian D. Lussenden		DATE: 1/8/06 813948-2239	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	