


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # J73688
 1. Entity Name
CHARWOOD CORPORATION



Principal Place of Business
1630 MCCALL ROAD
ENGLEWOOD, FL 34223 US

Mailing Address
20621 ARTHUR CT.
LUTZ, FL 33558 US

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1211219

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUSSENDEN, BRIAN D
20621 ARTHUR CT.
LUTZ, FL 33558

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 \$850.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUSSENDEN, KEVIN
STREET ADDRESS	20621 ARTHUR CT.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	LUSSENDEN, KEITH
STREET ADDRESS	20621 ARTHUR CT.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	PVSD
NAME	LUSSENDEN, BRIAN
STREET ADDRESS	20621 ARTHUR CT.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	SLOVEK, PAM
STREET ADDRESS	20621 ARTHUR CT.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	STEWART, DIANA
STREET ADDRESS	20621 ARTHUR CT.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	LUSSENDEN, ROBERT C
STREET ADDRESS	20621 ARTHUR CT.
CITY-ST-ZIP	LUTZ, FL 33558

U00000577740
 01/09/07-80001-015 150.00

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: *Brian D. Lussenden* **Brian D. Lussenden** **1/4/07** **813.948.2239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #