

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73688

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CHARWOOD CORPORATION

**Current Principal Place of Business:**

1630 MCCALL ROAD  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

7147 COVENTRY TERRACE  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

FEI Number: 31-1211219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUSSENDEN, BRIAN D  
7147 COVENTRY TERRACE  
ENGLEWOOD, FL 34224 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: D ( ) Delete  
Name: LUSSENDEN, KEVIN  
Address: 7147 COVENTRY TERRACE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: LUSSENDEN, KEITH  
Address: 7147 COVENTRY TERRACE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: PVSD ( ) Delete  
Name: LUSSENDEN, BRIAN  
Address: 7147 COVENTRY TERRACE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: SLOVEK, PAM  
Address: 7147 COVENTRY TERRACE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: STEWART, DIANA  
Address: 7147 COVENTRY TERRACE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: LUSSENDEN, ROBERT C  
Address: 7147 COVENTRY TERRACE  
City-St-Zip: ENGLEWOOD, FL 34224

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

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

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

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

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

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

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: BRIAN D. LUSSENDEN

PRES

03/26/2009

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

\_\_\_\_\_  
Date