

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90061 010 ***150.00

DOCUMENT # P04000093703					
1. Entity Name JEFFREY CHARLES INC.					
Principal Place of Business 725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746			Mailing Address 725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 05-0604347	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORBETT, CRAIG 912 OAKPOINT CIRCLE APOPKA, FL 32742			7. Name and Address of New Registered Agent Name <u>CRAIG CORBETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>725 PRIMERA BLVD, SUITE 145</u> City <u>LAKE MARY</u> FL Zip Code <u>32746</u>		
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 <u>Craig Corbett</u> DATE <u>1/14/2007</u> Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DCS TURNER, CHARLES B 200 S ORANGE AVE STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TURNER, AMY A 200 S ORANGE AVE STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP RIFFLE, REBECCA 200 S ORANGE AVE STE 2600 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUBE, BRUCE 200 S ORANGE AVE STE 2600 ORLANDO, FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL J. KNOX 725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <u>Charles B. Turner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3/1/07</u> Daytime Phone # <u>407-333-0081</u>		