2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State **DOCUMENT # P04000172452** 02-27-2006 90110 028 ***150.00 CHARLES P. CARTER, INC. Principal Place of Business Mailing Address P 0 BOX 455 8101 ROXBORO DR. 60021747 **NEW PORT RICHEY, FL. 34656** HUDSON, FL 34667 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2494640 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KRODEL, WILLIAM H 4437 CENTRAL AVE. ST. PETERSBURG, FL 33713 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 Sgneture, typed of printed name of registered agont and talle if applicable. (NOTE: Registered Agent signature required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NEALE NERLE, JOANNE NAME STREET ADDRESS 8101 ROXBORO DR. CITY-ST-7IP HUDSON, FL 34667 TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - DO NOT WRITE-CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS CITY-ST-ZIP 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

FILED

Feb 27, 2006 8:00 am