

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90027 038 \*\*\*150.00

**DOCUMENT # S43497**  
 1. Entity Name  
**CHARLES GORDON ENTERPRISES, INC.**



Principal Place of Business: **565 RIDGECREST DR PUNTA GORDA FL 33982**  
 Mailing Address: **565 RIDGECREST DR PUNTA GORDA FL 33982**

01006J03



MOORE CR2E034 (11/03)

2. Principal Place of Business: **H22 TOANA AVE**  
 Suite, Apt. #, etc.: **Port Charlotte FL04**  
 City & State: **Port Charlotte FLA**

3. Mailing Address: **H22 TOANA AVE**  
 Suite, Apt. #, etc.:  
 City & State: **Port Charlotte FLA**

4. FEI Number: **65-0256540**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GORDON, CHARLES H**  
**565 RIDGECREST DR**  
**PUNTA GORDA FL 33982**

7. Name and Address of New Registered Agent  
 Name: **Charles H Gordon**  
 Street Address (P.O. Box Number is Not Acceptable): **H22 TOANA**  
 City: **Port Charlotte** FL Zip Code: **33954**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: **Charles H Gordon** (Signature) **Charles H Gordon** (Registered Agent Signature)  
 DATE: **1-26-04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>GORDON, CHARLES H</b>	
STREET ADDRESS: <b>565 RIDGECREST DR</b>	
CITY-ST-ZIP: <b>PUNTA GORDA FL 33982</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete
NAME: <b>GORDON, NANCY B</b>	
STREET ADDRESS: <b>565 RIDGECREST DR</b>	
CITY-ST-ZIP: <b>PUNTA GORDA FL 33982</b>	
TITLE: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>TROYER, KIMBERLY ANN</b>	
STREET ADDRESS: <b>656 RIDGECREST DR</b>	
CITY-ST-ZIP: <b>PUNTA GORDA FL 33982</b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>Prev.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Charles H Gordon</b>	
STREET ADDRESS: <b>H22 TOANA AVE</b>	
CITY-ST-ZIP: <b>Port Charlotte FLA 33954</b>	
TITLE: <b>E.V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>NANCY B. Gordon</b>	
STREET ADDRESS: <b>H22 TOANA AVE</b>	
CITY-ST-ZIP: <b>Port Charlotte FLA 33954</b>	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Kimberly ANN Troyer</b>	
STREET ADDRESS: <b>H06 TOANA AVE</b>	
CITY-ST-ZIP: <b>Port Charlotte FLA 33954</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Greg Lewis</b>	
STREET ADDRESS: <b>H06 TOANA AVE</b>	
CITY-ST-ZIP: <b>Port Charlotte FLA 33954</b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Charles H Gordon** (Signature) **Charles H Gordon** (Typed Name)  
 Date: **1/26/04** Daytime Phone #: **941-652-7703**