


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90048 005 \*\*\*150.00

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



Principal Place of Business      Mailing Address  
**422 TOANA AVE.**      **422 TOANA AVE.**  
**PORT CHARLOTTE FL 33954**      **PORT CHARLOTTE FL 33954**

40011193



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

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

6. Name and Address of Current Registered Agent

**GORDON, CHARLES H**  
**422 TOANA AVE.**  
**PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	P	<input type="checkbox"/> Delete
NAME	GORDON, CHARLES H	
STREET ADDRESS	422 TOANA AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GORDON, NANCY B	
STREET ADDRESS	422 TOANA AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TROYER, KIMBERLY ANN	
STREET ADDRESS	406 TOANA AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, GREG	
STREET ADDRESS	406 TOANA AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*VP Lewis, Greg*  
*406 TOANA AVE*  
*PORT CHARLOTTE, FLA 33954*

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*      *Charles H. Gordon*      *Feb-25-05*      *941-650-7703*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #