


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S43497</b> 1. Entity Name <b>CHARLES GORDON ENTERPRISES, INC.</b>	
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Principal Place of Business <b>422 TOANA AVE. PORT CHARLOTTE FL 33954</b>	Mailing Address <b>422 TOANA AVE. PORT CHARLOTTE FL 33954</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country	4. FEI Number <b>65-0256540</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>GORDON, CHARLES H 422 TOANA AVE. PORT CHARLOTTE FL 33954</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when changing)  
 Signature (Typed or Printed Name of Registered Agent and Title) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 empowerments.

SIGNATURE: Charles H Gordon Pres      2-26-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR