


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90118 003 ****61.25

DOCUMENT # 760112

1. Entity Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.



44052348



07082004 Chg-NP CR2E037 (10/03)

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|---|---------|---|---------|
| Principal Place of Business 1225 TAMAMI TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US | | Mailing Address 1225 TAMAMI TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2473472 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent HANSEN, ED 1225 TAMAMI TR, A-1 PORT CHARLOTTE, FL 33952 | | 7. Name and Address of New Registered Agent Name LANG, BRET A. Street Address (P.O. Box Number is Not Acceptable) 1225 TAMAMI TR, A-1 City PORT CHARLOTTE FL Zip Code 33953 | |
|---|--|---|--|

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 *Bret G. Fry* DATE 9/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE PD NAME HANSEN, ED STREET ADDRESS 1225 TAMAMI TRAIL, A-1 CITY-ST-ZIP PT CHARLOTTE, FL | <input checked="" type="checkbox"/> Delete | TITLE PD NAME LANG, BRET A. STREET ADDRESS 1225 TAMAMI TR A-1 CITY-ST-ZIP PT CHARLOTTE, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VPD NAME VALENTI, VINCENT STREET ADDRESS 1225 TAMAMI TRAIL A-2 CITY-ST-ZIP PORT CHARLOTTE, FL 33953 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST NAME WHALEY, KIPP STREET ADDRESS 1225 TAMAMI TRAIL B-20 CITY-ST-ZIP PORT CHARLOTTE, FL 33953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TT NAME MYERS, TERRY STREET ADDRESS 1225 TAMAMI TRAIL A-5 CITY-ST-ZIP PORT CHARLOTTE, FL 33953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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: *Bret G. Fry* Date 9/1/04 Daytime Phone # 941-627-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR