


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 016 ****61.25

DOCUMENT # 760112
 1. Entity Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.



Principal Place of Business
 1225 TAMiami TRAIL
 UNIT A-1
 PORT CHARLOTTE, FL 33953 US

Mailing Address
 1225 TAMiami TRAIL
 UNIT A-1
 PORT CHARLOTTE, FL 33953 US

50026535



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2473472

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

LANG, BRET A
 1225 TAMiami TR, A-1
 PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent

Name **EDWIN M. HANSEN**
 Street Address (P.O. Box Number is Not Acceptable)
1225 TAMiami 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 Edwin M. Hansen **EDWIN M. HANSEN - president** 3/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANG, BRET A 1225 TAMiami TRAIL, A-1 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHALEY, KIPP 1225 TAMiami TRAIL B-20 PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MYERS, TERRY 1225 TAMiami TRAIL A-5 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWIN M HANSEN 1225 TAMiami TR, A-1 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT VALENTI 1225 TAMiami TR A-2 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Edwin M. Hansen **EDWIN M. HANSEN** 3/5/05 941-627-9899
Signature and typed or printed name of signing officer or director Date Daytime Phone #