


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUN 27 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
--	--



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2473472	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
**HANSEN, EDWIN M
1225 TAMiami TR, A-1
PORT CHARLOTTE, FL 33953**

DO NOT WRITE IN THIS SPACE

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* (NOTE Registered Agent signature required when renating) **400132310104**
DATE: **4/7/08** **\$61.25

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, EDWIN M 1225 TAMiami TRAIL, A-1 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHALEY, KIPP 1225 TAMiami TRAIL B-20 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALENTI, VINCENT 1225 TAMiami TR A-2 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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** **4/7/08** **941-622-9899**
RECEIVED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUN 17 2008

CIU REV/ADM