

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J73688

**Entity Name:** CHARWOOD CORPORATION

**Current Principal Place of Business:**

1630 S MCCALL ROAD  
ENGLEWOOD, FL 34223

**FILED**  
**Jan 10, 2020**  
**Secretary of State**  
**8885962389CC**

**Current Mailing Address:**

53 W BAY HEIGHTS  
#205  
ENGLEWOOD, FL 34223 US

**FEI Number:** 31-1211219

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUSSENDEN, BRIAN D  
13435 S. MCCALL RD.  
#314  
PORT CHARLOTTE, FL 33981 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LUSSENDEN, KEVIN  
Address 13435 S. MCCALL RD. #314  
City-State-Zip: PORT CHARLOTTE FL 33981

Title D  
Name LUSSENDEN, KEITH  
Address 13435 S. MCCALL RD. #314  
City-State-Zip: PORT CHARLOTTE FL 33981

Title PVSD  
Name LUSSENDEN, BRIAN  
Address 13435 S. MCCALL RD. #314  
City-State-Zip: PORT CHARLOTTE FL 33981

Title D  
Name SLOVEK, PAM  
Address 13435 S. MCCALL RD. #314  
City-State-Zip: PORT CHARLOTTE FL 33981

Title D  
Name STEWART, DIANA  
Address 13435 S. MCCALL RD. #314  
City-State-Zip: PORT CHARLOTTE FL 33981

Title D  
Name LUSSENDEN, ROBERT C  
Address 13435 S. MCCALL RD. #314  
City-State-Zip: PORT CHARLOTTE FL 33981

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN D. LUSSENDEN

**PRES**

**01/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date