## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73688

**Entity Name: CHARWOOD CORPORATION** 

**Current Principal Place of Business:** 

1630 MCCALL ROAD ENGLEWOOD, FL 34223

**Current Mailing Address:** 

13435 S. MCCALL RD.

#314

PORT CHARLOTTE. FL 33981 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

FILED Jan 13, 2014

**Secretary of State** 

CC1725988365

## Officer/Director Detail:

Title	D	Title	D

Name LUSSENDEN, KEVIN Name LUSSENDEN, KEITH

Address 13435 S. MCCALL RD. #314 Address 13435 S. MCCALL RD. #314

City-State-Zip: PORT CHARLOTTE FL 33981 City-State-Zip: PORT CHARLOTTE FL 33981

Title PVSD Title D

Name LUSSENDEN, BRIAN Name SLOVEK, PAM

Address 13435 S. MCCALL RD. #314 Address 13435 S. MCCALL RD. #314

City-State-Zip: PORT CHARLOTTE FL 33981 City-State-Zip: PORT CHARLOTTE FL 33981

Title D Title D

NameSTEWART, DIANANameLUSSENDEN, ROBERT CAddress13435 S. MCCALL RD. #314Address13435 S. MCCALL RD. #314City-State-Zip:PORT CHARLOTTE FL 33981City-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

**PRESIDENT** 

01/13/2014 Date