

**2013 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**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**PRESIDENT****02/09/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date