2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN **DOCUMENT** # 511014 **Secretary of State** CHAR-LEE ENTERPRISES, INC. Mailing Address Principal Place of Business 3140 CONWAY BLVD 3140 CONWAY BLVD PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 %1--,-0666666F& 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1686769 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROGERS, NORBERT R DO NOT WRITE 3140 CONWAY BLVD PT CHARLOTTE, FL 33952 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 agont. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS DT TITLE NAME ROGERS, NORBERT R. STREET ADDRESS 3140 E. CONWAY BLVD. CITY-ST-7IP PORT CHARLOTTE FL. 4000000395315 TITLE U1/26/06-80046-010 150.00 ROGERS, JEFFERY NAME 3140 CONWAY BLVD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE

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 reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

SIGNATURE:

NASAE STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR