

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 560852

FILED
Feb 25, 2009
Secretary of State

Entity Name: CHARGER ENTERPRISES, INC.

Current Principal Place of Business:

14815 SEMINOLE TRAIL
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4646
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 59-1807746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTON, CAROLYN
12881 SOPHIA CIR
LARGO, FL 33774 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WOLFERSBERGER, GERALDINE
Address: 14815 SEMINOLE TRAIL
City-St-Zip: SEMINOLE, FL 33776 US

Title: VP () Delete
Name: SUTTON, DANIEL
Address: 12881 SOPHIA CIRCLE
City-St-Zip: LARGO, FL 33774 US

Title: P () Delete
Name: SUTTON, CAROLYN
Address: 12881 SOPHIA CIR
City-St-Zip: LARGO, FL 33774 US

Title: T () Delete
Name: MIMS, VIRGINIA
Address: 14837 SEMINOLE TR
City-St-Zip: SEMINOLE, FL 33776 US

Title: VP () Delete
Name: MIMS, GERALD
Address: 14837 SEMINOLE TR
City-St-Zip: SEMINOLE, FL 33776 US

Title: EVP () Delete
Name: WOLFERSBERGER, CHARLES
Address: 14815 SEMINOLE TRAIL
City-St-Zip: SEMINOLE, FL 33776 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN SUTTON

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date