

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582758

FILED
Jul 07, 2006
Secretary of State

Entity Name: CHARLOTTE TREASURE LANES, INC.

Current Principal Place of Business:

1059 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1059 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 59-1841075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOPA, MICHAEL J.
2491 BALTIC AVE.
PORT CHARLOTTE, FL 33952 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: PDC () Delete
Name: SHOPA, MICHAEL J,
Address: 2491 BALTIC AVE
City-St-Zip: PT CHARLOTTE, FL 00000,

Title: DS () Delete
Name: SHOPA, KATHLEEN A,
Address: 2491 BALTIC AVE.
City-St-Zip: PORT CHARLOTTE, FL 00000,

Title: VTD () Delete
Name: SHOPA, DANIEL J,
Address: 23387 WESTCHESTER BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: SHOPA, STEPHANIE A.,
Address: 1316 TYROL TRAIL
City-St-Zip: GOLDEN VALLEY, MN 55416

Title: D () Delete
Name: SHOPA, JOHN S.,
Address: PO BOX 44298 N/A
City-St-Zip: TUCSON, AZ

Title: D () Delete
Name: MCMURRAY, MELANIE J
Address: 616 VALENCIA RD
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: SHOPA, MICHAEL J,
Address: 2491 BALTIC AVE
City-St-Zip: PT CHARLOTTE, FL 33952

Title: DS (X) Change () Addition
Name: SHOPA, KATHLEEN A,
Address: 2491 BALTIC AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL J SHOPA

VTD

07/07/2006

Electronic Signature of Signing Officer or Director

Date