

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 680541

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** CHARLOTTE HARBOR LAND COMPANY, INC.

**Current Principal Place of Business:**

7092 PLACIDA ROAD  
PLACIDA, FL 33946

**New Principal Place of Business:**

**Current Mailing Address:**

7092 PLACIDA ROAD  
PLACIDA, FL 33946

**New Mailing Address:**

**FEI Number:** 59-2032342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKSTEAD, DEAN  
7092 PLACIDA ROAD  
CAPE HAZE, FL 33946 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:** DT  
**Name:** FITZSIMMONS, TIMOTHY  
**Address:** 95 GREEN DOLPHIN DRIVE  
**City-St-Zip:** CAPE HAZE, FL

**Title:** SCD  
**Name:** BECKSTEAD, GARFIELD R  
**Address:** 7092 PLACIDA ROAD SS#33  
**City-St-Zip:** CAPE HAZE, FL 33946

**Title:** DPAS  
**Name:** BECKSTEAD, DEAN L  
**Address:** 7092 PLACIDA RD #RC7  
**City-St-Zip:** CAPE HAZE, FL 33946

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:** DEAN L BECKSTEAD

DPAS

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date