


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 709679
1. Entity Name
CHARMETTES, INC.



Principal Place of Business 8910 NW 4TH PLACE GAINESVILLE, FL 32607 US	Mailing Address 12892 DUNES CT JACKSONVILLE, FL 32225
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-7096790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JONES, SYNESTER P
12892 DUNES COURT
JACKSONVILLE, FL 32225**

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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 agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, BETTYE G 1003 NE 23RD ST GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, VERNA 1641 TIMBERLAKE DR. FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, JOYCE 4301 23RD PARKWAY TEMPLE HILLS, MD 20748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, DOLORES 3351 NW 6TH CT FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JONES, SYNESTER P 12892 DUNES CT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/17/05-80061-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Synester P. Jones **2/08/05 (904) 997-9430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #