2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709679

JENKINS, LIZZIE

ARCHER, FL 32618

WALKER, JOYCE

OAKLAND, TN 38060

SMITH, DOTHEA H

PALATKA, FL 32178

PO BOX 273

17904 SW 183RD STREET

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11440 FEATHERS CHAPEL DR.

Name:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: CHARMETTES, INC.

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business: 2504 LINDSEY COURT TALLAHASSEE, FL 32310 US			New Principal Place o	New Principal Place of Business:	
Current Mailing Address: P.O. BOX 273 PALATKA, FL 32178			New Mailing Address	New Mailing Address:	
FEI Number:	60-7096790	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SMITH, DC P.O. BOX 2 PALATKA,	273	US	SMITH, DOTHEA H 1007 N. 15TH STREET PALATKA, FL 32177		
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: DOTHEA H. SMITH				02/01/2007	
	Elect	ronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ELLIS, VICT 2504 LINDS TALLAHASS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete BONNIE ES LAKE TERRACE LLE, FL 32225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S	() Delete	Title:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: DOTHEA H. SMITH E.D. 02/01/2007

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