

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# 709679

Entity Name: CHARMETTES, INC.

Current Principal Place of Business:

2504 LINDSEY COURT
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273
PALATKA, FL 32178

New Mailing Address:

FEI Number: 60-7096790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DOTHEA H
1007 N. 15TH STREET
PALATKA, FL 32177 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIS, VICTORIA
Address: 2504 LINDSEY COURT
City-St-Zip: TALLAHASSEE, FL 32310

Title: V () Delete
Name: FLOWERS, BONNIE
Address: 12879 DUNES LAKE TERRACE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: JENKINS, LIZZIE
Address: 17904 SW 183RD STREET
City-St-Zip: ARCHER, FL 32618

Title: T () Delete
Name: WALKER, JOYCE
Address: 11440 FEATHERS CHAPEL DR.
City-St-Zip: OAKLAND, TN 38060

Title: ED () Delete
Name: SMITH, DOTHEA H
Address: PO BOX 273
City-St-Zip: PALATKA, FL 32178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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.

SIGNATURE: DOTHEA H. SMITH

ED

02/07/2008

Electronic Signature of Signing Officer or Director

_____ Date