


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 016 ****61.25

DOCUMENT # 760112 1. Entity Name CHARLOTTE TRADE CENTER ASSOCIATION, INC.					
Principal Place of Business 1225 TAMiami TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US			Mailing Address 1225 TAMiami TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2473472	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANG, BRET A 1225 TAMiami TR, A-1 PORT CHARLOTTE, FL 33953				7. Name and Address of New Registered Agent Name EDWIN M. HANSEN Street Address (P.O. Box Number is Not Acceptable) 1225 TAMiami TR A-1 City PORT CHARLOTTE FL Zip Code 33953	
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 <u>Edwin M. Hansen</u> Edwin M. HANSEN - president <u>3/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANG, BRET A 1225 TAMiami TRAIL, A-1 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWIN M HANSEN 1225 TAMiami TR, A-1 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHALEY, KIPP 1225 TAMiami TRAIL B-20 PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT VALENTI 1225 TAMiami TR A-2 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MYERS, TERRY 1225 TAMiami TRAIL A-5 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT VALENTI 1225 TAMiami TR A-2 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Edwin M. Hansen</u> EDWIN M. HANSEN <u>3/5/05</u> <u>941-627-9899</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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