

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90001 047 ***150.00

DOCUMENT # F13182			
1. Entity Name CHARLES THIRD, INCORPORATED			
Principal Place of Business % CAMELOT CHATEAU 1831 SE LAKE WEIR AV OCALA, FL 34471		Mailing Address PO BOX 3310 OCALA, FL 34478	
2. Principal Place of Business - No P.O. Box Holiday Inn Express of P.L.		3. Mailing Address Holiday Inn Express of P.L.	
Suite, Apt. #, etc. 2102 N. Park Road		Suite, Apt. #, etc. 2102 N. Park Road	
City & State Plant City, Florida		City & State Plant City, Florida	
Zip 33566		Country Hillsborough	
4. FEI Number 59-2046750		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, C A % CAMELOT CHATEAU 1831 SE LAKE WEIR AV OCALA, FL 34471		7. Name and Address of New Registered Agent HARRIS, CHARLES A. 90 Holiday Inn Express of P.L. 2102 N. Park Road Plant City FL 33566	
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 _____ (Signature, typed or printed name of registered agent and date of application) (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, CHARLES A. JR 1831 SE LAKE WEIR AV OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, CHARLES A. JR. 2102 N. PARK ROAD PLANT CITY, FL 33566 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRIS, CHARLES A. III 1831 SE LAKE WEIR AV OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRIS, CHARLES A. III 2102 N. PARK ROAD PLANT CITY, FL 33566 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 607, 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: C. Harris C.A. HARRIS		5 Mar 2007 (352) 237-6916	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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