FILED
Apr 22, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F13182

1. Entity Name
CHARLES THIRD, INCORPORATED

Principal Place of Business	Mailing Address
HOLIDAY INN EXPRESS OF P.C. 2102 N. PARKLAND ROAD PLANT CITY, FL 33566	HOLIDAY INN EXPRESS OF P.C. 2102 N. PARKLAND ROAD PLANT CITY, FL 33566

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04022008 No Chg-P CR2E034 (11/05)

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, CHARLES A
C/O HOLIDAY INN EXPRESS OF P.C.
2102 N. PARK ROAD
PLANT CITY, FL 33566

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000914137
05/08/08-80044-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRIS, CHARLES A., JR
STREET ADDRESS	2102 N. PARK ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	DV
NAME	HARRIS, CHARLES A., III
STREET ADDRESS	2102 N. PARK ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.A. Harris C.A. HARRIS 17 April 2008 (352) 237-6916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #