


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90209 006 ***150.00

DOCUMENT # F53202 1. Entity Name B.L. CHARBONEAU, INC.			
Principal Place of Business 9416 BUNTING LANE FORT PIERCE, FL 34951		Mailing Address 9416 BUNTING LANE FORT PIERCE, FL 34951	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4828 N. Kings Highway Suite, Apt. #, etc. PMB 230	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34951-2203	Country USA	4. FEI Number 59-2234567	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHARBONEAU, BRIAN L 9416 BUNTING LANE FORT PIERCE, FL 34951		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	STD CHARBONEAU, KATHLEEN E 9416 BUNTING LANE FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4828 N. Kings Highway - PMB 230 FORT PIERCE, FL 34951-2203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARBONEAU, BRIAN L 9416 BUNTING LANE FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4828 N. Kings Highway - PMB 230 FORT PIERCE, FL 34951-2203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>K.E. Charboneau</u> K.E. Charboneau		4-28-08 772-461-0840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	