2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver or trustee empowered to exechanged, or on an attachment with an address, with all other his

SIGNATURE:

FILED - Jan 24, 2005 08:00 AM DOCUMENT # F76084 **Secretary of State** CHARLTON ENTERPRISES, INC. Principal Place of Business Mailing Address 5220 SCOTLAND PLACE 5220 SCOTLAND PLACE P O BOX 6263 P O BOX 6263 LAKELAND, FL 33807 LAKELAND, FL 33807 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 04-2488803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, RONALD L DO NOT WRITE 500 S. FLORIDA AVE STE 800 IN THIS SPACE LAKELAND, FL 33801 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 title if applicable, (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHARLTON, ARTHUR E NAME U00000192752 5220 SCOTLAND PLACE STREET ADDRESS 01/25/05-80028-016 150.00 CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if