2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F76084

1. Entity Name
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

2. Principal Place of Business
5620 Tree Stand Ln
Suite, Apt. #, etc.

3. Mailing Address
P O Box 6263
Suite, Apt. #, etc.

City & State Lakeland, FL
Zip 33811   Country USA

City & State Lakeland, FL
Zip 33807-6263   Country USA

4. FEI Number
04-2488803
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

02092006   Chg-P   CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CLARK, RONALD L
500 S. FLORIDA AVE
STE 800
LAKELAND, FL 33801

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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: PD	☐ Delete	TITLE: PD	☒ Change ☐ Addition
NAME: CHARLTON, ARTHUR E		NAME: Charlton, Arthur E	
STREET ADDRESS: 5220 SCOTLAND PLACE		STREET ADDRESS: 5620 Tree Stand Ln	
CITY-ST-ZIP: LAKELAND, FL 33813		CITY-ST-ZIP: Lakeland, FL 33811	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _Arthur Charlton_ Arthur Charlton Pres.   2/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #