


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000001194					
1. Entity Name CHARITABLE RESOURCE PROPERTIES, INC.					
Principal Place of Business 2684 S. ARBOR DR MARIETTA GA 30066			Mailing Address 2684 S. ARBOR DR MARIETTA GA 30066		
2. Principal Place of Business			2. Mailing Address		
Suite, Apt #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-2236915	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POWELL, RICHARD H 92 EGLIN PKWY NE FT WALTON BEACH FL 32548				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEARSON, CECIL R JR	NAME			
STREET ADDRESS	2684 S. ARBOR DR	STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 30066	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEARSON, PAMELA K	NAME			
STREET ADDRESS	2684 S. ARBOR DR	STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 30066	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cecil R. Pearson, Jr.</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>04-25-05</u> Daytime Phone #: <u>770-924-0411</u>	



1st MOORE CR2E034 (10/04)

4. FEI Number **58-2236915** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POWELL, RICHARD H 92 EGLIN PKWY NE FT WALTON BEACH FL 32548			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City _____ FL Zip Code _____		

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SIGNATURE: Cecil R. Pearson, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 04-25-05 Daytime Phone #: 770-924-0411