


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # G41835 1. Entity Name CHARLIE'S FOOD STORE, INC. |  |
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| Principal Place of Business 2815 E. SLIGH TAMPA, FL 33610 | Mailing Address 2815 E. SLIGH TAMPA, FL 33610 |
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DO NOT WRITE IN THIS SPACE



05262004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2307353 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MANALI, CHARLES 2815 E. SLIGH TAMPA, FL 33610 |
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IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANALI, CHARLES 1716 MILLER RD. VALRICO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MANALI, JESSIE 6406 WATKINS AVE. TAMPA, FL |
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06/03/04-80003-024 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **May 27, 04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #