

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90164 046 ***150.00

DOCUMENT # G41835

1. Entity Name
CHARLIE'S FOOD STORE, INC.



Principal Place of Business
**2815 E. SLIGH
TAMPA, FL 33610**

Mailing Address
**2815 E. SLIGH
TAMPA, FL 33610**

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2307353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANALI, CHARLES
2815 E. SLIGH
TAMPA, FL 33610**

**DO NOT WRITE
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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MANALI, CHARLES
STREET ADDRESS 1716 MILLER RD.
CITY-ST-ZIP VALRICO, FL

TITLE VSD
NAME MANALI, JESSIE
STREET ADDRESS 6406 WATKINS AVE.
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Charles Manali Charles Manali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 (813) 238-6091

Date

Daytime Phone #