

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90016 047 ***150.00

DOCUMENT # H71798

1. Entity Name

CHARLES R. CORSON & ASSOCIATES, INC.



Principal Place of Business

4304 VENSINGTON HIGH ST
NAPLES FL 34105
US

Mailing Address

4304 VENSINGTON HIGH ST
102
NAPLES FL 34105
US



2. Principal Place of Business - No P.O. Box #

4304 Kensington High St.

Suite, Apt. #, etc.

3. Mailing Address

4304 Kensington High St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2574654

Applied For

Not Applicable

Zip

34105 -

Country

Collier

Zip

34105

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORSON, JEAN A.
4304 VENSINGTON HIGH ST
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4304 Kensington High St.

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 terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
CORSON, JEAN A
4304 VENSINGTON HIGH ST
NAPLES FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4304 Kensington High St. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jean A Corson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 239732 6010

DATE

Daytime Phone #