

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # H80779**

1. Entity Name  
**CHARLES SAMUEL, INC.**



Principal Place of Business  
**1783 HARBOR DR  
CLEARWATER, FL 33755 US**

Mailing Address  
**P.O. BOX 1087  
CLEARWATER, FL 33757**

**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2598667**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOYER, JUNKO  
1783 HARBOR DRIVE  
CLEARWATER, FL 34615**

**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 fee if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
**V  
MOYER, KENNETH WALTER  
1783 HARBOR DRIVE  
CLEARWATER, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
MOYER, JUNKO  
1783 HARBOR DRIVE  
CLEARWATER, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
MOYER, JUNKO  
1783 HARBOR DRIVE  
CLEARWATER, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000010162  
01/22/04-80020-005 158.75

**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)(f), 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:** \_\_\_\_\_

**JUNKO MOYER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/2004 (727) 449-2178**  
Date Daytime Phone #