

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 A
Secretary of State

DOCUMENT # J40663	
1. Entity Name CHARIS ENTERPRISES, INC.	

Principal Place of Business 6937 STAPOINT CT SUITE C WINTER PARK FL 32792 US	Mailing Address 6937 STAPOINT CT. SUITE C WINTER PARK FL 32792 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-2743522	Applied For <input type="checkbox"/> Not Applicable
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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 ROLL, JAMES M. 800 N LAKE FORMOSA DR ORLANDO FL 32803	
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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 obligation of, the registered agent.

SIGNATURE _____
Signature of the individual named as registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

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
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	ROLL, JAMES M.
STREET ADDRESS	800 N LAKE FORMOSA DR
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	V <input type="checkbox"/> Delete
NAME	ROLL, JAMES D
STREET ADDRESS	1170 HOWELL CREEK DR
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	V <input type="checkbox"/> Delete
NAME	ROLL, LYLE F.
STREET ADDRESS	2119 CAESAR CT
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input type="checkbox"/> Delete
NAME	DURACK, GREGORY G.
STREET ADDRESS	1561 COUGAR COURT
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	ST <input type="checkbox"/> Delete
NAME	ROLL, PHYLLIS G.
STREET ADDRESS	800 N LAKE FORMOSA DR
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000253723
CITY-ST-ZIP	03/07/05-80043-011 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Roll **JAMES M. Roll** 3/2/05 407-671-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #