

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 048 ***150.00

DOCUMENT # J45808

1. Entity Name
CHARLIE T. COUNCIL, INC.



Principal Place of Business

3366 BARRA CIRCLE
P. O. BOX 506
SANIBEL, FL 33957

Mailing Address

3366 BARRA CIRCLE
P. O. BOX 506
SANIBEL, FL 33957



2. Principal Place of Business

2004 61ST ST. E.

Suite, Apt. #, etc.

3. Mailing Address

2004 61ST ST. E.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

PALMETTO, FLORIDA

City & State

PALMETTO, FLORIDA

4. FEI Number

59-2748603

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34221

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUNCIL, CHARLIE T.
3366 BARRA CIRCLE
SANIBEL ISLAND, FL 33957

7. Name and Address of New Registered Agent

Name CHARLIE T. COUNCIL

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

2004 61ST ST. E.

City PALMETTO

FL

Zip Code 34221

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 CHARLIE T. COUNCIL Charlie T. Council, OWNER 2/6/04

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, 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 PD ☐ Delete

NAME COUNCIL, CHARLIE T.

STREET ADDRESS 3366 BARRA CIRCLE

CITY-ST-ZIP SANIBEL ISLAND, FL

TITLE D ☐ Delete

NAME COUNCIL, SUZANNE

STREET ADDRESS 2004 61ST STREET EAST

CITY-ST-ZIP PALMETTO, FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SUZANNE COUNCIL Suzanne Council 2/6/04 941-729-2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #