

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

02-09-2004 90044 048 \*\*\*150.00

<b>DOCUMENT # J45808</b>		
1. Entity Name <b>CHARLIE T. COUNCIL, INC.</b>		

Principal Place of Business <b>3366 BARRA CIRCLE P. O. BOX 506 SANIBEL, FL 33957</b>		Mailing Address <b>3366 BARRA CIRCLE P. O. BOX 506 SANIBEL, FL 33957</b>
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2. Principal Place of Business <b>2004 61ST ST. E.</b>	3. Mailing Address <b>2004 61ST ST. E.</b>
Suite, Apt. #, etc. <b></b>	Suite, Apt. #, etc. <b></b>

City & State <b>PALMETTO, FLORIDA</b>	City & State <b>PALMETTO, FLORIDA</b>		
Zip <b>34221</b>	Country <b>USA</b>	Zip <b>34221</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  <b>COUNCIL, CHARLIE T. 3366 BARRA CIRCLE SANIBEL ISLAND, FL 33957</b>		7. Name and Address of New Registered Agent  Name <b>CHARLIE T. COUNCIL</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2004 61ST ST. E.</b>	
		City <b>PALMETTO</b>	FL <b>34221</b>

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* DATE 2/6/04  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PD</b>	NAME <b>COUNCIL, CHARLIE T.</b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3366 BARRA CIRCLE</b>	CITY-ST-ZIP <b>SANIBEL ISLAND, FL</b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b>D</b>	NAME <b>COUNCIL, SUZANNE</b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2004 61ST STREET EAST</b>	CITY-ST-ZIP <b>PALMETTO, FL</b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	

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 #