

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # J46053
1. Entity Name
CHARLOTTE MANAGEMENT, INCORPORATED



Principal Place of Business: NEAL RD. BERMONT GROVES, PUNTA GORDA, FL 33982 US
Mailing Address: P.O. BOX 228, FT. OGDEN, FL 34267 US



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2742253 Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARNER, STEVE
30505 TURTLE DOVE LANE
PUNTA GORDA, FL 33982

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VARNER, STEVE
STREET ADDRESS	30505 TURTLE DOVE LANE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	ST
NAME	VARNER, PATRICIA A.
STREET ADDRESS	30505 TURTLE DOVE LANE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80030-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 9416370126
Date Daytime Phone #