


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90275 045 \*\*\*150.00

<b>DOCUMENT # J65479</b> 1. Entity Name <b>CHARLIE'S TANGLEWOOD MEAT MARKET, INC.</b>					
Principal Place of Business <b>% CHARLES L. COUCH</b> <b>10800 N. MILITARY TRAIL</b> <b>PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>% CHARLES L. COUCH</b> <b>10800 N. MILITARY TRAIL</b> <b>PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business <b>8757 ESTATE DRIVE</b>		3. Mailing Address <b>8757 ESTATE DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH FL</b>		City & State <b>WEST PALM BEACH FL</b>		4. FEI Number <b>59-2790992</b>	
Zip <b>33411</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COUCH, CHARLES L.</b> <b>10800 N. MILITARY TRAIL</b> <b>PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>8757 ESTATE DRIVE</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33411</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>COUCH, CHARLES L.</b> <b>10800 N. MILITARY TRAIL</b> <b>PALM BCH GARDENS, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8757 ESTATE DRIVE</b> <b>WEST PALM BEACH FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>COUCH, AUDREY N.</b> <b>10800 N. MILITARY TRAIL</b> <b>PALM BCH GARDENS, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8757 ESTATE DRIVE</b> <b>WEST PALM BEACH FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Audrey N. Couch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>AUDREY N. COUCH</b> 4/4/04 561-791-2118 <small>Date Daytime Phone #</small>		

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04042004 Chg-P CR2E034 (10/03)