2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90019 036 ***150.00

DOCUMENT # J73688

1. Entity Name
CHARWOOD CORPORATION

Principal Place of Business
1630 MCCALL ROAD
ENGLEWOOD, FL 34223 US

Mailing Address
9300 PINE COVE DR
ENGLEWOOD, FL 34224 US

01222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address: 1900 Land O'Lakes Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 117
City & State	City & State: Lutz, FL
Zip / Country	Zip: 33549 / Country

4. FEI Number: 31-1211219 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUSSENDEN, ROBERT L
9300 PINE COVE ROAD
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent

Name: Lussenden, Brian D.
Street Address (P.O. Box Number is Not Acceptable): 1900 Land O'Lakes Blvd
Suite 117
City: Lutz FL Zip Code: 33549

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: Brian D. Lussenden, Pres 1/22/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LUSSENDEN, ROBERT L.	NAME	
STREET ADDRESS	9300 PINE COVE RD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUSSENDEN, KEVIN	NAME	
STREET ADDRESS	9300 PINE COVE RD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KEITH, LUSSENDEN	NAME	
STREET ADDRESS	9300 PINE COVE RD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	PVSTD ☒ Change ☐ Addition
NAME	LUSSENDEN, BRIAN	NAME	Lussenden, Brian D
STREET ADDRESS	20621 ARTHURS	STREET ADDRESS	1900 Land O' Lakes Blvd, Suite 117
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Lutz, FL 33549
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SLOVEK, PAM	NAME	
STREET ADDRESS	9300 PINE COVE RD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, DIANA	NAME	
STREET ADDRESS	9300 PINE COVE RD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	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: Brian D. Lussenden, Pres 1/22/04 813.948.2239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #