2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 10, 2005 8:00 am
Secretary of State
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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # J73688

1. Entity Name
CHARWOOD CORPORATION

Principal Place of Business	Mailing Address
1630 MCCALL ROAD ENGLEWOOD, FL 34223 US	1900 LAND O'LAKES BLVD STE 117 LUTZ, FL 33549 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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	7. Name and Address of New Registered Agent
LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD. STE 117 LUTZ, FL 33549	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUSSENDEN, KEVIN 9300 PINE COVE RD ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUSSENDEN, KEVIN 1900 LAND O LAKES BLVD STE 117 LUTZ FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEITH, LUSSENDEN 9300 PINE COVE RD ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUSSENDEN, KEITH 1900 LAND O LAKES BLVD Suite 117 LUTZ FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSD LUSSENDEN, BRIAN 1900 LAND O'LAKES BLVD, STE 117 LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLOVEK, PAM 9300 PINE COVE RD ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLOVEK, PAM 1900 Land O Lakes Blvd Suite 117 Lutz FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, DIANA 9300 PINE COVE RD ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, DIANA 1900 LAND O LAKES Blvd Suite 117 Lutz FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Brian D. Lussenden, Pres 1/6/05 813 948-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #