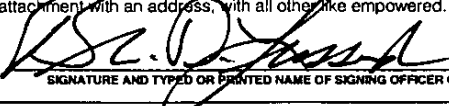


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90031 040 ***150.00

DOCUMENT # J73688 1. Entity Name CHARWOOD CORPORATION					
Principal Place of Business 1630 MCCALL ROAD ENGLEWOOD, FL 34223 US			Mailing Address 1900 LAND O'LAKES BLVD STE 117 LUTZ, FL 33549 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State 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 LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD. STE 117 LUTZ, FL 33549			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 ☒ Change ☐ Addition LUSSENDEN, KEVIN 1900 Land O Lakes Blvd Ste 117 Lutz FL 33549	
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 ☒ Change ☐ Addition LUSSENDEN, Keith 1900 Land O Lakes Blvd Suite 117 Lutz FL 33549	
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 ☒ Change ☐ Addition SLOVEK, PAM 1900 Land O Lakes Blvd Suite 117 Lutz FL 33549	
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 ☒ Change ☐ Addition STEWART, DIANA 1900 Land O Lakes Blvd Suite 117 Lutz FL 33549	
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 1/6/05 813 948-2284					

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01042005 Chg-P CR2E034 (10/03)