


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003982 1. Entity Name CHARTER CONTACT & SUPPLY, LLC	
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Principal Place of Business 110 SW 250TH STREET NEWBERRY, FL 32669	Mailing Address P.O. BOX 1318 NEWBERRY, FL 32669
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DO NOT WRITE IN THIS SPACE

07162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3715277	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAINOR, GERALD R 110 SW 250TH STREET NEWBERRY, FL 32669
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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: Gerald R. Mainor GERALD R. MAINOR 7/23/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRESE, RAYMOND G 110 SW 250TH STREET NEWBERRY, FL 32669
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.

SIGNATURE: Raymond G. Frese RAYMOND G. FRESE 7/23/04 352 472 7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #