


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90009 018 \*\*\*150.00

<b>DOCUMENT # L14845</b> 1. Entity Name <b>CHARLOTTE MAGUIRE - LAKEWOOD ESTATES, INC.</b>					
Principal Place of Business <b>C/O WILSON J. FOSTER, JR. 1342 TIMBERLANE ROAD SUITE 102-A TALLAHASSEE, FL 32312-1762 US</b>			Mailing Address <b>C/O WILSON J. FOSTER, JR. 1342 TIMBERLANE ROAD SUITE 102-A TALLAHASSEE, FL 32312-1762 US</b>		
2. Principal Place of Business <b>4158 Covenant Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>4158 Covenant Lane</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, Florida</b>		City & State <b>Tallahassee, Florida</b>		4. FEI Number <b>59-2967744</b>	
Zip <b>32308</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTER, WILSON J JR 1342 TIMBERLANE ROAD SUITE 102-A TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent Name <b>Charlotte Maguire</b> Street Address (P.O. Box Number is Not Acceptable)  <b>4158 Covenant Lane</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</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 <u><i>Charlotte Maguire</i></u> <b>Charlotte Maguire</b> <u>3/20/06</u> <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 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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	PST MAGUIRE, CHARLOTTE 4158 COVENANT LANE TALLAHASSEE, FL		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Charlotte Maguire</i></u> <b>Charlotte Maguire</b> <u>3/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					