2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State

DOCUMENT # N0200001129 1. Entity Name THE EXECUTIVE NETWORK OF CHARLOTTE COUNTY, INC.							01-27-20	05 90045	046 ****	61.25	
Principal Place P.O. BOX 495 PORT CHARLO			g Address BOX 495182 CHARLOTTE, FL 33949-5182				40	007355	eril erim eriel me	al Held Hele Itil	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01052005	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State					4. FEI Numbe 65-1152				plied For t Applicable
Zip Country		Zip	Zip Co			5. Certificate of Statu				\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered A	gent				7. Name and	Address of New	Registered A	gent	
PLATZER,					Name Street Ade		1RKART	Robert Acceptate			
4606 FALLON CIRCLE PORT CHARLOTTE, FL 33948			Street Address				HCI TO	TE IB	S DR	,	
	/ <u>}</u>				City	No	RTH POR		FL	Zip Code	3877
	named entity submits this statement fo ions of registered agent.	r the purpose	of changing its	registered	d office or r					amiliar with,	and accept
and deligen		4.4									
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SIGNATURE -											
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable	ie. (NOTE	: Registered /	Agent signature	re required	when reinstating)		DATE		
SIGNATURE	Signature, your or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005		9. Election Carr Trust Fund C	paign Fin	nancing		when reinstating) \$5.00 May Bi Added to Fees		DATE Make check orlda Depart		
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Carr	ipaign Fin	nancing		\$5.00 May Boundary Bo	Fle	Make check orlda Depart	ment of St	ate
10.	Filing Fee is \$61.25		9. Election Cam	paign Fin	nancing		\$5.00 May Boundary Bo		Make check orlda Depart	ment of St	ate
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10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE		9. Election Cam	ipaign Fin ontribution 11. TITLE	nancing E	P Bug 5271	\$5.00 May BI Added to Fees IDDITIONS/CHA	NGES TO OFFICE	Make check orlda Depart CERS AND OIF	ment of St	10
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE P PLATZER, KIM		9. Election Cam	ipaign Fin ontribution 11. TITLE	nancing E	P Bug 1271	\$5.00 May BI Added to Fees IDDITIONS/CHA	ANGES TO OFFICE	Make check orlda Depart CERS AND OIF	ment of St	10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE P PLATZER, KIM 4606 FALLON CIRCLE		9. Election Cam	ipaign Fin ontribution 11. TITLE NAME STREET	n E	P Bug (27) (27) (20)	\$5.00 May B. Added to Fees DDITIONS/CHA KART WHITE	FIL. 342	Make check orlda Depart CERS AND DIF	ment of St	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE P PLATZER, KIM 4606 FALLON CIRCLE PORT CHARLOTTE, FL 33948		9. Election Carr	ipaign Fin ontribution 11. TITLE NAME STREET CITY-S	n E	P Bug (27) (27) (20)	\$5.00 May B. Added to Fees DDITIONS/CHA KART WHITE	FIL. 342	Make check orlda Depart CERS AND DIF	TECTORS IN	ate 10
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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 617, 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: Robert w. Beerhart - ROBERT W. BURKART SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR