


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000006920</b> 1. Entity Name CHARTER FINANCIAL SERVICES, INC.	
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Principal Place of Business 5618 NEWTON AVE. SOUTH GULFPORT, FL 33707	Mailing Address 5618 NEWTON AVE. SOUTH GULFPORT, FL 33707
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05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1200061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CIAFONE, FRANK S JR. 5618 NEWTON AVE. SOUTH GULFPORT, FL 33707
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) MAY - 1 - 2006 DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000561728 05/19/06-80027-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRE CIAFONE, JR., FRANK S MR. 1026 61ST SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRE JENNINGS, JUDITH E MS. 360 57TH STREET NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS JENNINGS, NATHANIEL L MR. 360 57TH STREET NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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: *[Signature]* MAY 1ST 2006 727-341-0090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #