

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY 18 P 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04172007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000008182	
1. Entity Name CHARLOTTE COUNTY PROSPECT SHOW, INC.	



Principal Place of Business 6286 GEWANT BLVD PUNTA GORDA, FL 33982	Mailing Address 6286 GEWANT BLVD PUNTA GORDA, FL 33982
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2. Principal Place of Business - No P.O. Box # 35910 Washington Loop Road	3. Mailing Address Suite, Apt. #, etc.
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City & State Punta Gorda FL	City & State
Zip 33982	Country

6. Name and Address of Current Registered Agent HAYMANS, MICHAEL P 90 NESBIT STREET PUNTA GORDA, FL 33950	
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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.	

100103221041

05/24/07--01033--011 \*\*33822.50

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, ROBERT 25910 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 35910 Washington Loop Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORD, SCOTT 3321 AMES STREET PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, SHELLY 8494 ACORN BLVD PORT CHARLOTTE, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Outlaw, Lavern 6286 Gewant Boulevard Punta Gorda, FL 33982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, PATRICIA 35910 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, CRAIG 8494 ACORN BLVD PORT CHARLOTTE, FL 33982 <input checked="" 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	D FORD, THERESA 3321 AMES STREET PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4:30:07