

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25027

FILED
Feb 24, 2004
Secretary of State**Entity Name:** CHARLOTTE PORCELAIN ARTISTS, INC.**Current Principal Place of Business:**1315 AEGEAN COURT
PORT CHARLOTTE, FL 33983**New Principal Place of Business:****Current Mailing Address:**1315 AEGEAN COURT
PORT CHARLOTTE, FL 33983**New Mailing Address:****FEI Number:** 59-2106573**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEARLOVE, MARION
1315 AEGEAN COURT
PORT CHARLOTTE, FL 33983**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: DESROSEIRS, FLORINGE
Address: 26124 FEATHERSOUND DR.
City-St-Zip: PUNTA GORDA, FL 33950**Title:** SD () Delete
Name: WELLS, CLAIRE
Address: 557 MAGNOLIA AVE
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** TD () Delete
Name: DEARLOVE, MARION,
Address: 1315 AEGEAN COURT
City-St-Zip: PORT CHARLOTTE, FL**Title:** DP () Delete
Name: HENRY, DENISE
Address: 181 ALBERT LN.
City-St-Zip: PORT CHARLOTTE, FL 33954**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION DEARLOVE

TD

02/24/2004

Electronic Signature of Signing Officer or Director

Date