

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000039554
 1. Entity Name
 CHARTER GROUP, INC.



Principal Place of Business: 10520 PARKRIDGE-GOTHA ROAD, WINDERMERE, FL 34786
 Mailing Address: 10520 PARKRIDGE-GOTHA ROAD, WINDERMERE, FL 34786



01252006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3640875 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WILLIAM N. ASMA, P.A.
 886 SOUTH DILLARD STREET
 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contributions

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCSWAIN, CHARLES W. B
STREET ADDRESS	10520 PARKRIDGE-GOTHA ROAD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	MCSWAIN, FRANCES H
STREET ADDRESS	10520 PARKRIDGE-GOTHA ROAD
CITY-ST-ZIP	WINDERMERE, FL 34786
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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 02/08/06-80015-015 150.00
DO NOT WRITE IN THIS SPACE

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: Frances McSwain **FRANCES MCSWAIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-25-06 Daytime Phone #: 407-876-1947