2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2004 8:00 am DOCUMENT # P00000070785 **Secretary of State** 1. Entity Name 02-12-2004 90001 002 \*\*\*158.75 CHARTER FINANCIAL, INC. Principal Place of Business Mailing Address 1180 GULF BLVD. 1180 GULF BLVD. SUITE 1006 CLEARWATER FL 33767 SUITE 1006 CLEARWATER FL 33767 2. Principal Place of Business 3. Mailing Address 430 JASMINE 430 JASMINE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 59-3660495 CLEARWATER Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSH MARSH, EDWARD E Street Address (P.O. Box Number is Not Acceptable) 1180 GULF BLVD. **SUITE 1006** CLEARWATER FL 33767 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE D ☐ Delete Change ☐ Addition EDWARD E. MARSH NAME EDWARD, MARSH E NAME 430 JASPLINE WAY CLEARWATER, PL. 33756 STREET ADDRESS 1180 GULF BLVD., SUITE 1006 STREET ADDRESS CLEARWATER FL 33767 CITY-ST-7IP CITY-ST-7IP LATHY MARSH **CFO** TITLE ☐ Delete TITLE Change Addition KATHY, MARSH NAME NAME 430 JASMINE WAY 1180 GULF BLVD 1006 STREET ADDRESS STREET ADDRESS CLEARWATER, FL. 33756 CLEARWATER FL 33767 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-ZIP

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 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: SIGNATURE AND TYPED OBPRINTED NAME OF SIGNING OFFICER OR DI

Date

Daytime Phone #

FILED