

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 026 ***158.75

DOCUMENT # P00000070785 1. Entity Name CHARTER FINANCIAL, INC.			
Principal Place of Business 430 JASMINE WAY CLEARWATER FL 33756		Mailing Address 430 JASMINE WAY CLEARWATER FL 33756	
2. Principal Place of Business 1221 ROGERS STREET Suite, Apt. #, etc. SUITE B		3. Mailing Address 2921 SUMMIT DRIVE Suite, Apt. #, etc.	
City & State CLEARWATER, FLORIDA Zip 33756 Country USA		City & State ESCONDIDO, CA. 92025 Zip 92025 Country USA	
4. FEI Number 59-3660495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent FINLEY, MYRON G 1221 ROGERS STREET SUITE B CLEARWATER FL 33756		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD, MARSH <input checked="" type="checkbox"/> Delete 430 JASMINE WAY CLEARWATER FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD E. MARSH <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2921 SUMMIT DRIVE ESCONDIDO, CA. 92025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KATHY MARSH <input checked="" type="checkbox"/> Delete 430 JASMINE WAY CLEARWATER FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KATHY MARSH <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2921 SUMMIT DRIVE ESCONDIDO, CA. 92025
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: ED MARSH		Date 3-13-06 Daytime Phone # 747-2113	