2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000092176

1. Entity Name

CHARTER INVESTMENT ADVISORS, INC.



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

5956 TURKEY LAKE RD

SUITE 1

ORLANDO, FL 32819

Mailing Address

5956 TURKEY LAKE RD

SUITE 1

DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32819



01242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2907557

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODGERS, TERRY A **5956 TURKEY LAKE RD** ORLANDO, FL 32819-4202

DO NOT WRI

0.12.0.120.7.2.020.10.1202			IN	THIS SPACE
		`		
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing i	ts registered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable (NC	TE: Registered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$5			\$5.00 May Be Added to Fees	
10. OFFICERS A	AND DIRECTORS	* * *	,	the state of the s
TITLE PD NAME RODGERS, TERRY A STREET ADDRESS 5956 TURKEY LAKE RD CITY-ST-ZIP ORLANDO, FL 32819				
TITLE V NAME HOPE-GILL, LANCE C STREET ADDRESS 5160 SUN PALM DR CITY-S1-ZIP WINDERMERE, FL 34786				U00000889097 4 04/22/08#80039-016*150.00* 5
TIILE S NAME RODGERS, PAULA A STREET ADDRESS 1637 HEMPEL AVE CITY-ST-ZIP WINDERMERE, FL 34786			•	NOT WRITE

IN THIS SPACE

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

407-226-11/2