

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                               |                                                                   |                                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000114173</b>                                                |                                                                   |  |
| 1. Entity Name<br><b>CHARLES THAGGARD, INC.</b>                               |                                                                   |                                                                                   |
| Principal Place of Business<br><b>1951 COLLIER AVE<br/>FT MYERS, FL 33901</b> | Mailing Address<br><b>1951 COLLIER AVE<br/>FT MYERS, FL 33901</b> |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                             |                                                                   |                                                                                   |



C4242008 No Chg-P CR2E034 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1061964</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desires <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                              |                                       |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>THAGGARD, CHARLES E<br/>1440 CHARLES RD<br/>FT MYERS, FL 33919</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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, a signature required when completing) DATE \_\_\_\_\_

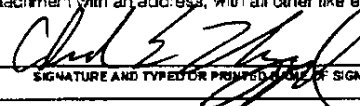
|                                                                               |                                                                                     |                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THAGGARD, CHARLES E<br>1440 CHARLES RD<br>FT MYERS, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

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**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 I 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

CHARLES E. THAGGARD 4-24-08 239/936-8059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone