2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90042 034 ***150.00

DOCUMENT # P01000002081

1. Entity Name
CHARLIN, INC.

Principal Place of Business	Mailing Address
2560 N. TRUCKS AVE HERNANDO, FL 34442	PO BOX 420 HOMOSASSA, FL 34487

4000 ri i

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2535 N. Reston Terrace	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hernando, FL.	City & State
Zip: 34442 Country: Citrus	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFERTZ, LINDA N
2560 N. TRUCKS AVE
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 2535 N. Reston Terrace

City: Hernando FL Zip Code: 34442

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: Linda N. Wolfertz 1-24-06
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLFERTZ, LINDA N 2560 N. TRUCKS AVE. HERNANDO, FL 34442 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2535 N. Reston Terrace Hernando, FL 34442 ☐ Change ☐ Addition
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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: Linda N. Wolfertz 1-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #