2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P01000121805** 1. Entity Name 4-25-2005 90214 014 ***150.00 CHARLIE KILO, INC. Principal Place of Business Mailing Address 209-2 CESSNA BLVD PORT ORANGE FL 32128 1648 TAYLOR RD PORT ORANGE FL 32128 2. Principal Place of Business 3. Mailing Address 288 Spruce Creek Glen Same as Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State 4. FEI Number City & State 80-0003208 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Services nead MERCER, GERALD G Street Address (P.O. Box Number is Not Acceptable) 209-2 CESSNA BLVD PORT ORANGE FL 32128 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE XI Change ☐ Addition TITE F Defete MERCER, GERALD G NAME NAME 3288 Spruce Creek Glen Daylona Beach, FL 32128 209-2 CESSNA BLVD STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32128 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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 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.

FILED

3/1/05 386-763-5484