

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90050 011 \*\*\*150.00

**DOCUMENT # P02000029797**

1. Entity Name  
**CHARLOTTE PREFERRED MANAGEMENT SERVICES INC**



Principal Place of Business <b>3191-B HARBOR BLVD          PORT CHARLOTTE, FL 33952</b>	Mailing Address <b>3191-B HARBOR BLVD          PORT CHARLOTTE, FL 33952</b>
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**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-3031612</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, CAROL J  
 3191-B HARBOR BLVD  
 PORT CHARLOTTE, FL 33952**

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DUNN, CAROL J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952
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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.

SIGNATURE: Carol J. Dunn \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR