

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90402 017 ***150.00

DOCUMENT # P02000038077

1. Entity Name
RE PORT CHARLOTTE, INC.



Principal Place of Business
**1035 POWERS PLACE
ALPHARETTA, GA 30004**

Mailing Address
**1035 POWERS PLACE
ALPHARETTA, GA 30004**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007

Chg-P

CR2E034 (12/06)

4. FEI Number

47-0859870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 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	DCCO DEERING, LAWRENCE R MR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 CONOURSE PKWY S., SUITE 200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE NAME	DPCO CONTE, JOSEPH D MR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 CONOURSE PKWY S., SUITE 200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE NAME	DT CURCIO, EUGENE R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 CONOURSE PKWY S., SUITE 200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE NAME	S CORSETTI, ROSEMARY L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ONE OXFORD CENTRE, 20TH FL., 301 GRANT ST	
CITY-ST-ZIP	PITTSBURGH, PA 15219	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Arnold M. Whitman, Chm/CEO/Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1035 Powers Place	
CITY-ST-ZIP	Alpharetta, GA 30004	
TITLE NAME	Christopher M. Sertich, P/S/T/Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1035 Powers Place	
CITY-ST-ZIP	Alpharetta, GA 30004	
TITLE NAME	Serge A. Learsy, VP/Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1650 Tysons Blvd. Ste 1600	
CITY-ST-ZIP	McLean, VA 22102	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Christopher M Sertich **Christopher M Sertich**

4/10/07

770-754-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #