

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000078490

1. Entity Name
CHARLESTON DEVELOPMENT COMPANY



Principal Place of Business
**800 ALAMANDA DRIVE
LARGO, FL 33770**

Mailing Address
**800 ALAMANDA DRIVE
LARGO, FL 33770**



05232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3644417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEQUIGNOT, MARGOT
164 8TH AVENUE S.W.
LARGO, FL 33770**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$580.00
Due by September 7, 2005**

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
**PD
CHARLES, BENJAMIN D
800 ALAMANDA DRIVE
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
KAY, ROBERT B
706 OSCEOLA ROAD
BELLEAIR, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

UD00000368819
06/02/05-80001-003 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert B. Kay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05 (727) 504-5028
Date Daytime Phone #