



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000095769			
1. Entity Name CHARLIE CORP. OF SOUTHWEST FLORIDA			
Principal Place of Business PO BOX 6868 FT MYERS BEACH, FL 33932	Mailing Address PO BOX 6868 FT MYERS BEACH, FL 33932		
DO NOT WRITE IN THIS SPACE			
		01162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 22-3875575	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COTTER, RICHARD 6100 ESTERO BLVD FT MYERS BEACH, FL 33931		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 000000116712 04/16/04-80076-010 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAZZANO, FRANK 7205 ESTERO BLVD. FT MYERS BEACH, FL 33931		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT RAZZANO, PAULINE 7205 ESTERO BLVD. FT MYERS BEACH, FL 33931		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LARROW, PAUL 3501 DEL PRADO BLVD. STE 312 CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>Pauline Razzano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PAULINE RAZZANO 3/30/04 463-2373 <small>Date Daytime Phone</small>	