

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90002 041 ***158.75

DOCUMENT # P03000025129

1. Entity Name
CHARSAB ENTERPRISES INC.



Principal Place of Business Mailing Address
2918 JACKSON ST **2918 JACKSON ST**
HOLLYWOOD, FL 33020 **HOLLYWOOD, FL 33020**

2. Principal Place of Business 3. Mailing Address
1625 CR 29 **1625 CR 29**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Placid FL **Lake Placid FL**
Zip Country Zip Country
33852 USA **33852 USA**

07012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
84-1621005 Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, PHILLIP C
2918 JACKSON STREET
1
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name **Marie S. Stewart**
Street Address (P.O. Box Number is Not Acceptable)
1625 CR 29
City **Lake Placid** **FL** Zip Code **33852**

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 **Marie Stewart** **Marie Stewart** **7-1-04**
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
Due by September 8, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STEWART, MARIE S		STREET ADDRESS	Marie S. Stewart	
CITY-ST-ZIP	2918 JACKSON ST APT 1		CITY-ST-ZIP	1625 CR 29	
	HOLLYWOOD, FL 33020			Lake Placid FL 33852	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T Marie S. Stewart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2918 JACKSON STREET APT 1		STREET ADDRESS	Same Address	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S Marie S. Stewart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1140 NW 88 WAY		STREET ADDRESS	Same	
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MCFARLANE, JUDY Y		STREET ADDRESS		
CITY-ST-ZIP	11051 SW 143CT		CITY-ST-ZIP		
	MIAMI, FL 33186				
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STEWART, MARIE S		STREET ADDRESS		
CITY-ST-ZIP	2918 JACKSON ST APT 1		CITY-ST-ZIP		
	HOLLYWOOD, FL 33020				
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **Marie Stewart** **Marie Stewart** **863-465-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #