

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90012 016 ***150.00

DOCUMENT # P03000052818

1. Entity Name

CHARITY PLACE, INC.



Principal Place of Business

2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218

Mailing Address

2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218

2. Principal Place of Business

6470 SW 80 Ave

3. Mailing Address

6470 SW 80 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TRENTON, FLORIDA

City & State

TRENTON, FLORIDA

Zip

32693

Country

GILCHRIST

Zip

32693

Country

GILCHRIST

4. FEI Number

33-1054383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ARNOLD H
2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

ARNOLD H. JACKSON

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

6480 SW 80 AVE

City

TRENTON

FL

Zip Code

32693

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

Arnold H. Jackson

ARNOLD H. JACKSON RA.

3/08/04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JACKSON, ARNOLD H
STREET ADDRESS 2404 LEAFDALE CIRCLE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Delete
NAME BETZ-JACKSON, GELEMA
STREET ADDRESS 2404 LEAFDALE CIRCLE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Arnold H. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/04 352 463-0800

Date

Daytime Phone #