

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90766 042 ***150.00

DOCUMENT # P03000086471	
1. Entity Name THE CHARM CONNECTION, INC.	

Principal Place of Business 1500 EAST JOHNSON AVE., UNIT 120 PENSACOLA, FL 32514	Mailing Address 1500 EAST JOHNSON AVE., UNIT 120 PENSACOLA, FL 32514
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14018009

2. Principal Place of Business 4771 Bayou Blvd.	3. Mailing Address 4771 Bayou Blvd.
Suite, Apt. #, etc. #126	Suite, Apt. #, etc. #126

03192004 Chg-P CR2E034 (10/03)

City & State PENSACOLA, FL	City & State PENSACOLA, FL	4. FEI Number 43-2024140	Applied For <input type="checkbox"/> Not Applicable
Zip 32503	Country US	Zip 32503	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANIELS, JENNIFER 1500 EAST JOHNSON AVE., UNIT 120 PENSACOLA, FL 32514	
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7. Name and Address of New Registered Agent Name DANIELS, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 7813 NORTHPOINTE BLVD. City PENSACOLA FL Zip Code 32514	
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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.

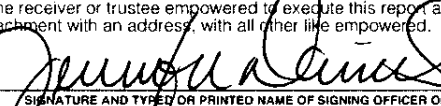
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, JENNIFER 1500 EAST JOHNSON AVE., UNIT 120 PENSACOLA, FL 32514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERNEKOFF, GERALD 4761-6 BAYOU BLVD. PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, JENNIFER 7813 NORTHPOINTE BLVD. PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-30-04** **850-477-4812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #