

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90001 003 ***150.00

DOCUMENT # P03000123133

1. Entity Name
CHARMED PROMOTION, INC.



Principal Place of Business

**4802 52ST ST. WEST, UNIT 1001
BRADENTON, FL 34210**

Mailing Address

**4802 52ST ST. WEST, UNIT 1001
BRADENTON, FL 34210**

2. Principal Place of Business

1035 N.E. 40th Street

3. Mailing Address

1035 N.E. 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip
33909

Country
US

Zip
33909

Country
US

03102004

Chg-P

CR2E034 (10/03)

4. FEI Number

05-0590430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'GRADY, CERISE
4802 52ST ST. WEST, UNIT 1001
BRADENTON, FL 34210**

7. Name and Address of New Registered Agent

Name
Cerise O'Grady

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

1035 N.E. 40th Street

City
Cape Coral

FL

Zip Code
33909

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

D ☐ Delete
O'GRADY, CERISE
4802 52ST ST. WEST, UNIT 1001
BRADENTON, FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Change ☐ Addition
Cerise O'Grady
1035 N.E. 40th Street
Cape Coral, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: *Cerise O'Grady*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-574-9997

54018948

