


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---------|-----------------------|---|---|--|
| DOCUMENT # P03000128765 | | | |  | |
| 1. Entity Name CHARPENTIER & ASSOCIATES, INC. | | | | | |
| Principal Place of Business 7737 WASHINGTON ST PORT RICHEY FL 34668 | | | Mailing Address 7737 WASHINGTON ST PORT RICHEY FL 34668 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0372000 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CHARPENTIER, RONALD E 7737 WASHINGTON ST PORT RICHEY FL 34668 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | FL Zip Code | |
| 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | |
| | PD | CHARPENTIER, RONALD E | 7737 WASHINGTON ST PORT RICHEY FL 34668 | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | |
| | VD | CHARPENTIER, JONATHAN | 7737 WASHINGTON ST PORT RICHEY FL 34668 | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | |
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| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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1st MOORE CR2E034 (10/04)

4. FEI Number **20-0372000**

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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, 2005 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

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|-------|------|-----------------------|--|---------------------------------|
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|-------|------|----------------|-----------------|---|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Charpentier
1/27/05 727-849-5378
Date Daytime Phone #