

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087481

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** CHARITY ENTERPRISES, INC.

**Current Principal Place of Business:**

15681 SW 16TH TERRACE  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

15681 SW 16TH TERRACE  
OCALA, FL 34473

**New Mailing Address:**

**FEI Number:** 20-1224191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OCEANSIDE CONNECTION LLC  
1468 SW MAIN BLVD  
#105-203  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

OCEANSIDE CONNECTION LLC  
2202 N YOUNG BLVD  
STE 605-160  
CHIEFLAND, FL 32626 US

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.

**SIGNATURE:** SANDRA HUDSON

03/19/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVST ( ) Delete  
**Name:** DEL VECCHIO, PEGGY K  
**Address:** 15681 SW 16TH TERRACE  
**City-St-Zip:** OCALA, FL 34473

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PEGGY K DEL VECCHIO

PVST

03/19/2009

Electronic Signature of Signing Officer or Director

Date