

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090366

FILED
Mar 11, 2005
Secretary of State

Entity Name: CHARLENE MCLACHLAN, INC.

Current Principal Place of Business:

805 DOUGLAS AVENUE
SUITE 159
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

805 DOUGLAS AVENUE
SUITE 159
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-1246008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLACHLAN, CHARLENE
805 DOUGLAS AVENUE
SUITE 159
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,V () Delete
Name: MCLACHLAN, CHARLENE
Address: 805 DOUGLAS AVENUE, SUITE 159
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T,D () Delete
Name: MCLACHLAN, CHARLENE
Address: 805 DOUGLAS AVENUE, SUITE 159
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLENE MCLACHLAN

P

03/11/2005

Electronic Signature of Signing Officer or Director

Date