

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90419 028 \*\*\*150.00

**DOCUMENT # P04000092201**

1. Entity Name  
**CHARLTON PROFESSIONAL CORPORATION**



Principal Place of Business  
**1317 SOUTH 28TH AVENUE  
HOLLYWOOD, FL 33020-5609 US**

Mailing Address  
**1317 SOUTH 28TH AVENUE  
HOLLYWOOD, FL 33020-5609 US**

**20064343**

2. Principal Place of Business

3. Mailing Address

**5700 Pembroke Road 5700 Pembroke Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

4. FEI Number  
**20-1346464**

Applied For  
Not Applicable

Zip Country  
**33023-2338 US**

Zip Country  
**33023-2338 US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLTON, RACHELLE P  
1317 SOUTH 28TH AVENUE  
HOLLYWOOD, FL 33020-5609**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHARLTON, RACHELLE P  
1317 SOUTH 28TH AVENUE  
HOLLYWOOD, FL 330205609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/28/06 9549855753**

ATTACHMENT  
20024323

Tax Time Plus!  
5700 Pembroke Road  
Suite 700  
Hollywood, FL 33023-2338

March 13, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

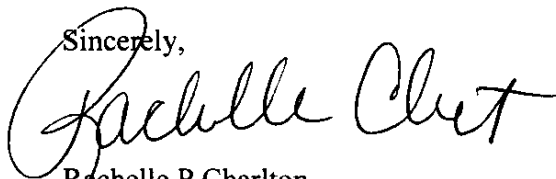
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To Whom It May Concern,

Re: Account P04000092201

Enclosed is a check for the balance due on our account. Thank you very much.

Sincerely,



Rachelle P Charlton  
Tax Time Plus!