


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000Q92201</b>	
1. Entity Name <b>CHARLTON PROFESSIONAL CORPORATION</b>	

Principal Place of Business <b>5700 PEMBROKE RD WEST PARK, FL 33023-2338 US</b>	Mailing Address <b>5700 PEMBROKE RD WEST PARK, FL 33023-2338 US</b>
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**DO NOT WRITE IN THIS SPACE**



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1346464</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TAX TIME PLUS 5700 PEMBROKE ROAD WEST PARK, FL 33023-2338</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000942696 05/29/08-80030-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHARLTON, RACHELLE P 1317 SOUTH 28TH AVENUE HOLLYWOOD, FL 330205609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHARLTON, DAVE A 1317 SOUTH 28TH AVENUE HOLLYWOOD, FL 330205609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBINSON, TAVARES D 14916 SW 22ND STREET MIRAMAR, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBINSON, CARDRA M 14916 SW 22ND STREET MIRAMAR, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 IKA empowered.

**SIGNATURE:** *Rachelle Chat* **4-29-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #