

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000110180**

1. Entity Name

**CHARLEY'S FROZEN CUSTARD AND TROPICAL  
TREATS, INC.**



Principal Place of Business

**2919 B. NORTH MILITARY TRAIL  
WEST PALM BEACH, FL 33409**

Mailing Address

**206 VIA EMILIA  
PALM BEACH GARDENS, FL 33418**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2473911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLOUGHBY, CHARLES K  
206 VIA EMILIA  
PALM BEACH GARDENS, FL 33418**

**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

*Charles K. Willoughby*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

*3/19/07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILLOUGHBY, CHARLES K  
STREET ADDRESS 206 VIA EMILIA  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VD  
NAME WILLOUGHBY, CHARLES K JR.  
STREET ADDRESS 6718 DUVAL AVE.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE SD  
NAME WILLOUGHBY, JEAN M  
STREET ADDRESS 206 VIA EMILIA  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE TD  
NAME WILLOUGHBY, LISA A  
STREET ADDRESS 6718 DUVAL AVE.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000675096  
03/30/07-80005-013 150.00

**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 like empowered.

**SIGNATURE:**

*Charles K. Willoughby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/19/07*

Daytime Phone #

*561 683-0075*