2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P04000138237 01-28-2005 90045 001 ***150.00 CHARTERHOUSE HOMES, INC. 01-28-2005 90045 002 *****8.75 Mailing Address Principal Place of Business 700 - 51ST ST S #736 700 - 51ST ST S #736 GULFPORT, FL 33707-2659 GULFPORT, FL 33707-2659 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 20-1784033 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLOVER, ROGER E Street Address (P.O. Box Number is Not Acceptable) 700 - 51ST ST S #736 GULFPORT, FL 33707-2659 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change . Arthur Padula Ja 2508. 50 EST.S. PADULA, AUTHOR JR NAME NAME 700 - 51ST ST S #736 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULFPORT, FL 337072659** CITY-ST-7IP GULFPORT FL 33707- 2003 Change ☐ AddItion ☐ Delete MIF MILE GLOVER, ROGER E NAME 700- 51 ST. S. STREET ADDRESS 2508 50TH ST S STREET ADDRESS GUIFPORT FL 33707-2659 GULFPORT, FL 337072659 CITY-ST-ZIP CITY-ST-7IP Director Addition ☐ Delete TITLE ITHE Roeden, Penny NAME 459. HEPNER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 9/723 Change ☐ Addition Delete TTLE NUM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete MÆ ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-70P 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

NG OFFICER OR DIRECTOR

FILED

Jan 28, 2005 8:00 am

727-480-397