

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-31-2005 90056 003 ***150.00

DOCUMENT # P04000145433 1. Entity Name CHARLIE'S TEXACO & AUTOMOTIVE, INC.			
Principal Place of Business 100 CHURCH STREET KISSIMMEE, FL 34741		Mailing Address 100 CHURCH STREET KISSIMMEE, FL 34741	
2. Principal Place of Business 3551 13th Street Suite, Apt. #, etc.		3. Mailing Address 3551 13th St. Suite, Apt. #, etc.	
City & State St. Cloud Florida		City & State St. Cloud Florida	
Zip 34769		Zip 34769	
Country osceola		Country osceola	
4. FEI Number 201775562		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, STEPHEN JR 100 CHURCH STREET KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D NAME MILES, R STEPHEN JR STREET ADDRESS 100 CHURCH STREET CITY - ST - ZIP KISSIMMEE, FL 34741	☐ Delete	TITLE Pres NAME Robert S. Johnson STREET ADDRESS 1818 Lago Ct. CITY - ST - ZIP St. Cloud, FL 34771	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE Treasurer NAME Randy Johnson STREET ADDRESS 1250 Kelly St. CITY - ST - ZIP St. Cloud FL 34771	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME Charlie George - V.P. STREET ADDRESS 7321 Moss Grove Circle CITY - ST - ZIP Orlando FL 32807	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
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.			
SIGNATURE:		Date _____ Daytime Phone # _____	

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