

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**DOCUMENT # P04000146561**

1. Entity Name  
RICHARD CHARBONNEAU ASSOC., INC.



05 SEP -9 1:08

Principal Place of Business  
1271 INDIAN OAKS DRIVE  
MELBOURNE, FL 32901

Mailing Address  
1271 INDIAN OAKS DRIVE  
MELBOURNE, FL 32901

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



08122005 Chg-P CR2E034 (10/03) 05

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145

4. FEI Number  
51-0527209

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

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 \_\_\_\_\_  
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 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHARBONNEAU, RICHARD 1271 INDIAN OAKS DRIVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARBONNEAU, JOAN 1271 INDIAN OAKS DRIVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard Charbonneau RICHARD CHARBONNEAU 9/6/2005 321-676-1815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314-6198

August 3, 2005

To Whom It May Concern:

We recently received your NOTICE OF INTENT TO DISSOLVE regarding my corporation RICHARD CHARBONNEAU ASSOC., INC. (doc # P04000146561). Unfortunately, we never received the original ANNUAL REPORT NOTICE. Since the disruptions caused by the fall hurricanes and a subsequent relocation, we have had occasional delivery problems with the postal service. I suspect this is the reason for the non-delivery of the 1<sup>st</sup> notice. As such, I respectfully request a refilling of the ANNUAL REPORT. Upon receipt of my report, I will sign and pay the required \$150.00 fee.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Richard Charbonneau & Pres."

Richard Charbonneau, Pres.