## 2006 FOR PROFIT CORPORATION

## Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000104074** 04-17-2006 90380 034 \*\*\*158.75 1. Entity Name A CHARTER WORLD, INC. Principal Place of Business Mailing Address 40051391 6932 CINDERELLA RD. 6932 CINDERELLA RD. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04142006 Chg-P Applied For City & State City & State 4. FEI Number 59-2490150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESTER, LINDA M. Street Address (P.O. Box Number is Not Acceptable) 12858 HAWK CREST PLACE JACKSONVILLE, FL 32258 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 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HESTER, JAMES H. NAME NAME 6932 CINDERFLLA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP IIILE DV ☐ Delete TITLE ☐ Change ☐ Addition O'NEILL, FRANK E. JR. NAME NAME 9909 APPLE VALLEY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHARLOTTE, NC 28269 CITY-ST-ZIP DS ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME HESTER, LINDA M. NAME 12858 HAWK CREST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32258 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE HESTER, NANCY D. NAME NAME STREET ADDRESS 6932 CINDERELLA RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fiting 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

James H. Hester - President

4/14/06

**FILED** 

(904) 778-2353

☐ Change

☐ Addition