

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163242

FILED
Feb 09, 2010
Secretary of State

Entity Name: CHARLOTTE COUNTY PROPERTIES INC.

Current Principal Place of Business:

611 SHARON CIRCLE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495487
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 22-3918936 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALBANES, LEANDRO R PRES
611 SHARON CIRCLE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

ALBANES, KARI PRES
611 SHARON CIRCLE
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: KARI ALBANES

02/09/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD
Name: ALBANES, KARI
Address: P.O. BOX 495487
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: D
Name: ALBANES, LEANDRO R
Address: P.O. BOX 495487
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: D
Name: BENNETT, THOMAS M
Address: P.O. BOX 495487
City-St-Zip: PORT CHARLOTTE, FL 33949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARI ALBANES

PSTD

02/09/2010

Electronic Signature of Signing Officer or Director

Date