

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000163242

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE COUNTY PROPERTIES INC.

**Current Principal Place of Business:**

611 SHARON CIRCLE  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 495487  
PORT CHARLOTTE, FL 33949 US

**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, KARI  
611 SHARON CIRCLE  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date