

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000107932

Entity Name: TEAM CHARMAN, INC.

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1169 HAWKSLADE CT  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

1169 HAWKSLADE CT  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 26-1372811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAVIGNE, JAMES R  
LAVIGNE COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: CHARMAN, RICHARD JOHN  
Address: 1169 HAWKSLADE CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP/D  
Name: CHARMAN, KATRINA  
Address: 1169 HAWKSLADE CT  
City-St-Zip: WINTER GARDEN, FL 34787

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: RICHARD CHARMAN

P/D

03/15/2010

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

\_\_\_\_\_  
Date