## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2006 08:00 AM DOCUMENT # P94000072589 **Secretary of State** 994 CHARLIE SIERRA, INC. Principal Place of Business Mailing Address 1888 RIVER ROAD 1888 RIVER ROAD JACKSONVILLE, FL 32207 IACKSONVILLE, FL 32207 03252006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3275704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, CHRISTY A DO NOT WRITE 1888 RIVER ROAD JACKSONVILLE, FL 32207 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ď TITLE NAME SMITH, CHRISTY A STREET ADDRESS 1888 RIVER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32207 IIILE U00000484805 04/12/06-80057-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CHTY-SI-ZIP TEST IN THIS SPACE NAME STREET ADDRESS CITY-ST-ESP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further contify 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.

Christy I Smith

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

3-25-06

FILED