

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081204

Entity Name: J. F. CHARLES & ASSOCIATES, INC.

FILED
Feb 20, 2004
Secretary of State

Current Principal Place of Business:

1135 PINE RIDGE CIRCLE WEST
B-2
TARPON SPRINGS, FL 34689

Current Mailing Address:

PO BOX 864
TARPON SPRINGS, FL 346880864 US

New Principal Place of Business:

1135 PINE RIDGE CIRCLE WEST
B-2
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-3277842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, ROBERT E ESQUIRE
ROBERT E. WIGGINS, P.A.
36402 US 19 NORTH
PALM HARBOR, FL 34684 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: DPT () Delete
Name: FABRIZIO, JOSEPH C
Address: 1135 PINE RIDGE CIR. WEST, B-2
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVS () Delete
Name: FABRIZIO, SHARON M
Address: 1135 PINE RIDGE CIR. WEST, B-2
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FABRIZIO, JOSEPH C
Address: 1135 PINE RIDGE CIR. WEST, B-2
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: DVS (X) Change () Addition
Name: FABRIZIO, SHARON M
Address: 1135 PINE RIDGE CIR. WEST, B-2
City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH C FABRIZIO

DPT

02/20/2004

Electronic Signature of Signing Officer or Director

Date