## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000008790

 Entity Name CHARIOT EAGLE-WEST, INC.



FILED Feb 01, 2006 08:00 AN Secretary of State

Principal Place of Business Mailing Address 8100 W BUCKEYE RD 107 NE 1ST AVE. PHOENIX, AZ 85043 OCALA, FL 34470 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3303270 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HALDIN, WILLIAM C JR. DO NOT WRITE 808 S.E. FT. KING ST. OCALA, FL 34471 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 if applicable (NOTE: Registered Agent signature required when reinstating) 100000415131 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/11/06-80067-013 158.75 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10.

TITLE	P
NAME	HOLLIDAY, ROBERT P
STREET ADDRESS	931 NW 37TH AVE.
City-St-Zip	OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or suppliemental 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.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRE

ROBERT HOLLIDAY 1/23/06 (352) 629-7007

Date

Daytime Phone #