


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90079 033 \*\*\*150.00

<b>DOCUMENT # P95000048999</b> 1. Entity Name <b>CHARLES W. HAGGARD, JR., INC.</b>																																																	
Principal Place of Business <b>1255 GULFSTREAM AVE N</b> <b>#502</b> <b>SARASOTA, FL 34236 US</b>			Mailing Address <b>1255 GULFSTREAM AVE N</b> <b>#502</b> <b>SARASOTA, FL 34236 US</b>																																														
2. Principal Place of Business <b>8175 NICE Way</b> Suite, Apt. #, etc.			3. Mailing Address <b>8175 NICE Way</b> Suite, Apt. #, etc.																																														
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>65-0591908</b>																																													
Zip <b>34238</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																													
6. Name and Address of Current Registered Agent <b>HAGGARD, CHARLES W. J</b> <b>1255 GULFSTREAM AVE N. #502</b> <b>SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8175 NICE Way</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34238</b>																																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D</b>  <b>HAGGARD, CHARLES W. J</b>  <b>1255 GULFSTREAM AVE N, #502</b>  <b>SARASOTA, FL 34236</b> </td> </tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGGARD, CHARLES W. J</b> <b>1255 GULFSTREAM AVE N, #502</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>8175 NICE Way</b>  <b>SARASOTA FL 34238</b> </td> </tr> <tr><td colspan="2" style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8175 NICE Way</b> <b>SARASOTA FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGGARD, CHARLES W. J</b> <b>1255 GULFSTREAM AVE N, #502</b> <b>SARASOTA, FL 34236</b>																																																
<input type="checkbox"/> Delete																																																	
<input type="checkbox"/> Delete																																																	
<input type="checkbox"/> Delete																																																	
<input type="checkbox"/> Delete																																																	
<input type="checkbox"/> Delete																																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8175 NICE Way</b> <b>SARASOTA FL 34238</b>																																																
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																	
<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																	
<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																	
<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																	
<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.																																																	
<b>SIGNATURE: Charles W. Haggard Jr</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																	
				<b>1-26-05</b> Date																																													
				<b>941-925-1809</b> Daytime Phone #																																													

**50008268**



01262005 Chg-P CR2E034 (10/03)