

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90007 005 \*\*\*150.00

<b>DOCUMENT # P96000010002</b>		
1. Entity Name <b>CHARLOTTE FINANCIAL SERVICES, INC.</b>		

Principal Place of Business <b>3005 CARING WAY PORT CHARLOTTE, FL 33952 US</b>	Mailing Address <b>3005 CARING WAY PORT CHARLOTTE, FL 33952 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4161 Tamiami Trail</b>	3. Mailing Address <b>4161 Tamiami Trail</b>
Suite, Apt. #, etc. <b>Suite 501</b>	Suite, Apt. #, etc. <b>Suite 501</b>
City & State	City & State
Zip	Country

**40056440**



03172008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>LORICCO, CARLO 3005 CARING WAY STE A PORT CHARLOTTE, FL 33949</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4161 Tamiami Trail, Suite 501</b> City <b>FL</b> Zip Code	
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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 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP VERNEDAAL, HERMAN 3891 DG ROZENDAAL NETHERLANDS, VA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LORICCO, CARLO J 3005 CARING WAY PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4161 Tamiami Trail, Suite 501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VANSHPUPPEN, WOUT LEOPOLDSLEI 80 2930 BRASSCHAAT BELGIUM,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

**SIGNATURE:** \_\_\_\_\_ **3/24/08 941-629-1197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #