2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000018913

1. Entity Name
CHARLESTON INVESTMENTS, INC.

Principal Place of Business	Mailing Address
111 ORANGE AVENUE SUITE 300 FORT PIERCE, FL 34950	111 ORANGE AVENUE SUITE 300 FORT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

03242004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0660536	Applied For Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, GARY A
111 ORANGE AVENUE
SUITE 300
FORT PIERCE, FL 34950

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000096821 03/26/04--80014--008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BERGER, GARY
STREET ADDRESS	111 ORANGE AVENUE, SUITE 300
CITY-ST-ZIP	FORT PIERCE, FL 34950

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _____   3/24/04

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