

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90041 011 \*\*\*150.00

<b>DOCUMENT # P96000089711</b>					
<b>1. Entity Name</b> CHARLO'S ENTERPRISE, INC.					
<b>Principal Place of Business</b> 3038 JOHN YOUNG PARKWAY, STE. 23 ORLANDO, FL 32804			<b>Mailing Address</b> 3038 JOHN YOUNG PARKWAY, STE. 23 ORLANDO, FL 32804		
<b>2. Principal Place of Business</b> 2111 W. CENTRAL BLVD		<b>3. Mailing Address</b> 2111 W CENTRAL BLVD -			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO FL 32805		<b>City &amp; State</b> ORLANDO FL		<b>4. FEI Number</b> 59-3415608	
Zip		Country USA		Applied For Not Applicable	
Zip		Zip 32805		Country USA	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			03292005 Chg-P CR2E034 (10/03)		
<b>6. Name and Address of Current Registered Agent</b>  CHARLES CECIL 7305 WOODWORTH WAY ORLANDO, FL 32818			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT CHARLES, CECIL 7305 WOODWORTH WAY ORLANDO, FL 32818	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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>					
<b>SIGNATURE:</b> <i>Cecil Charles</i> <b>CECIL CHARLES</b> 4/8/05 407-293-7500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					