

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90072 002 ***150.00

DOCUMENT # P97000000267

1. Entity Name -

CHARLIE LANSING, CPA, CHARTERED



Principal Place of Business

933 DOUGLAS AVE
SUITE #1
ALTAMONTE SPRINGS FL 32714

Mailing Address

933 DOUGLAS AVE
SUITE #1
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

160 HATTAWAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

Zip

Country

Zip

32701

Country

SEMINOLE

4. FEI Number

59-3419494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANSING, CHARLIE
933 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

160 HATTAWAY DRIVE

ALTAMONTE SPRINGS

City

FL

Zip Code

32701

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

Charlie W. Lansing

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME LANSING, CHARLES
STREET ADDRESS 933 DOUGLAS AVENUE, SUITE #1
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS 160 HATTAWAY DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlie W. Lansing

Date

Daytime Phone #

1/26/05 4078698337