2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2005 8:00 am Secretary of State DOCUMENT # P98000038014 05-03-2005 90099 012 ***150.00 CHARLES D. PETILL ENTERPRISES, INC. Principal Place of Business 7605 SW GAINES AVE 1958 SE PT. ST. LUCIE BLVD STOART, FL 34997 PORT SAINT LUCIE, FL 34952 No Chg-P CR2E034 (10/03) 01312005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0829164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETILL, CHARLES D DO NOT WRITE 7605 SW GAINES AVE **STUART, FL 34997** IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PETILL, CHARLES D NAME. STREET ADDRESS 1016 E 16TH CT CITY-ST-7IP STUART, FL 34996 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 119.07(3)(i), Rorida 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:

Oate

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED