

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 033 ***150.00

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1. Entity Name
CHARLES D. PETILL ENTERPRISES, INC.



Principal Place of Business
**7605 SW GAINES AVE
STUART, FL 34997 US**

Mailing Address
**1958 SE PT. ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0829164

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETILL, CHARLES D
7605 SW GAINES AVE
STUART, FL 34997**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PETILL, CHARLES D**
STREET ADDRESS **~~1958 SE PT. ST. LUCIE BLVD~~ 7605 SW GAINES AVE.**
CITY- ST- ZIP **STUART, FL ~~34952~~ 34997**

TITLE
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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 the empowered.

SIGNATURE: Charles D Petill **Charles D Petill** 4-21-06 772-288-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #