


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000008633  
 1. Entity Name  
 CHARLES B. COSTAR JR., INC.



Principal Place of Business      Mailing Address  
 1200 PENINSULA DRIVE      1200 PENINSULA DRIVE  
 TAVARES, FL 32778      TAVARES, FL 32778

**DO NOT WRITE IN THIS SPACE**



02272004    No Chg-P    CR2E034 (10/03)


4. FEI Number 59-3558203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTAR, CHARLES B JR.  
 1200 PENINSULA DRIVE  
 TAVARES, FL 32778

**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:       DATE: 2-29-04

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

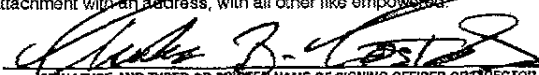
U00000075489  
 03/03/04-80061-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTAR, CHARLES B JR. 1200 PENINSULA DRIVE TAVARES, FL 32778
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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 empowerments.

SIGNATURE:       DATE: 2-29-04 (907) 682-3225

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