## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P99000038404 1. Entity Name CHARLENE AND RHONDA, INC.

## **FILED** Mar 07, 2005 8:00 am Secretary of State 03-07-2005 90284 041 \*\*\*150.00

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Principal Place of Business 22094 KIMALE AVE PORT CHARLOTTE, FL 33952			2	Mailing Address 20358 COPELAND AVENUE PORT CHARLOTTE, FL 33952				. A COMPANIE OF				233;	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03012005	Chg-P	CR	2E034	4 (10/03)	
City & State			<del>  -</del>	City & State			New-	4. FEI Number 65-0914055			- Applied For Not Applicable		
Zip	p Country			Zip	itry		5. Certificate of Status Desired			S8.75 Additional Fee Required			
6. Name and Address of Current Re				egistered Agent			7. Name and Address of New Registered Agent						
		. :				Name							
TYLER, CHARLENE A 20358 COPELAND AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
PORT CHARLOTTE, FL 33952											T-7:-0		
						City					FL	Zip Cod	е
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 talle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.								00 May Be ed to Fees					
10.		OFFICERS AND	DIRE	CTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS	AND D	PRECTOR	S IN 11
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NAME	RODRIGUEZ, RHONDA					E							
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Interest certify that the information supplied with this filling 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.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #