


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90195 032 \*\*\*150.00

<b>DOCUMENT # P99000062177</b> 1. Entity Name <b>CHARLIE'S SEAFOOD ENTERPRISES INC.</b>					
Principal Place of Business <b>6731 LINDEN DR. HOMOSASSA SPRINGS, FL 34446</b>			Mailing Address <b>PO BOX 130 BELEELIA, FL 33992 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7699 FOX PLACE</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>LAKE WALES FLA</b>		4. FEI Number <b>59-3588048</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33898</b>		Country <b>POLK</b>		04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>SINGLETON, ROBERT 6731 LINDEN DR. HOMOSASSA SPRINGS, FL 34446</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SINGLETON, ROBERT C</b> <b>6731 LINDEN DR.</b> <b>HOMOSASSA, FL 34446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>MARIA IPPOLITO</b> <b>2102 36TH ST.</b> <b>TAMPA FLA 33605</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
<b>SIGNATURE: Robert C. Singleton ROBERT C. SINGLETON 4-24-06 305-9236250</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					