

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000083869

1. Entity Name
CHARLOTTE ENGINEERING SPORTS GROUP II, INC.



Principal Place of Business
**1700 EL JOBEAN ROAD
PORT CHARLOTTE FL 33948**

Mailing Address
**1700 EL JOBEAN ROAD
PORT CHARLOTTE FL 33948**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
06 FEB 23 PM 2: 16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2/10/06 90008 033 \$317.50
1st MOORE CR2E034 (10/05) \$158.75

4. FEI Number **65-0951246** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DRUMMOND, TEMPLE H
C/O KASS, SHULER, ET. AL
1505 NORTH FLORIDA AVENUE
TAMPA FL 33602**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revocating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICKSTROM, DANIEL M 505 20TH AVENUE NE SAINT PETERSBURG FL 33704 <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	S CHEATHAN, DONNA H 13903 STONEY RIDGE COURT MIDLOTHIAN VA 23112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Daniel M. Vickstrom Daniel M. Vickstrom, PD 1/27/06 813 289 2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #