2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AM Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # S47602 1. Entity Name CHARLIE'S PUB, INC.								Secre	etary	01 S	tate	
Principal Pla	co of Busines		Maille	a Address	1	1						
Principal Place of Business Mailing Address 3496 TAMMAMI TRAIL P.O. BOX 381168												
PORT CHARLOTTE, FL 33952 F.U. DOX 361106 MURDOCK, FL 33938-1168												
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2. Principal I	Place of Busi	3. Mai	3. Mailing Address									
Suite, Apt	t. (f., etc.	Suite	Suite, Apt. #, etc.			04032006	Chg-P	CR2E03	4 (11/05))		
City & Sta	Ke .	City	City & State			4. FEI Number Applied For 65-0255777 Not Applied For						
Zip	Country			Zip Country			Certificate of Status Desired					
6. Name and Address of Current R				d Apent	·		7. Name and A	ddress of New Ro	·	·		
HACKETT	. MCK O	**				Name						
HACKETT, JACK O II 115 W OLYMPIA AVE PUNTA GORDA, FL 33950						Street Address (P.O. Box Number is Not Acceptable)						
FUNTA GORDA, FL 33950								· · · · · · · · · · · · · · · · · · ·				
						City			FL	Zip Cor	de	
 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 title diapplicable. (NOTE, Registered Agent signature required)							when reinstating]		UATE			
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.							00 May Be ed to Fees	U0000 04/27/06	0507254 -80056-	-055	150.00	
10.		OFFICERS AND	DIRECTOR	RS	tt.		ADDITIONS/CH	ANGES TO OFFI	CERS AND D	IRECTOR	35 IN 11	
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name Street address	MURDOC P.O. BOX	K, JOHN M			NAME	(
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12. Thereby certify that the information supplied with this filling 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 early, 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:											517	
SIGNATURE: JOHN 1. PCORPCE 9/10/06 941-9366311 SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR Date Of Dat											 [