2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 AM Secretary of State

1. Entity Name CHARLOTTE CAPITAL, INC. Principal Place of Business 1212 ENTERPRISE DR. UINT 7 PORT CHARLOTTE, FL 33953 US Mailing Address 1212 ENTERPRISE DR. UINT 7 PORT CHARLOTTE, FL 33953 US Mailing Address 1212 ENTERPRISE DR. UINT 7 PORT CHARLOTTE, FL 33953 US Mailing Address 1212 ENTERPRISE DR. UINT 7 PORT CHARLOTTE, FL 33953 US 03022007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0327824 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent BOWERING, DOUGLAS J. 1212 ENTERPRISE DR. UNIT 7 PORT CHARLOTTE, FL 33953 DO NOT WRITE IN THIS SPACE		AIIIVALI	<u> </u>		~	<u> </u>	Secretary of S	19
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BOWERING, DOUGLAS J. 1212 ENTERPRISE DR. UNIT 7 PORT CHARLOTTE, FL 33953 8. The above named entity subminishing statement for the purpose of changing its registered diffice or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature (yeard or family subminishing statement for the purpose of changing its registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. MAR. 8/07 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$55.00 May Be Added to Fees 10.	DO NOT WRITE IN THIS SPA			CE	03022007 4. FEI Numbe 65-032	No Chg-P er 7824	CR2E034 (11/05) Applied For Not Applicab \$8.75 Additional	ole
the obligations of registered agent. SIGNATURE Signature typed or physics agent and late of Aupticable FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITILE MANY BOWERING, DOUGLAS J. STREET ADDRESS CITY-ST-2P TITLE MANAE SIREET ADDRESS CITY-ST-2P TITLE MANAE SIREET ADDRESS CITY-ST-2P CITY-ST-2P DO NOT WRITE IN THIS SPACE	BOWERING, DOUGLAS J. 1212 ENTERPRISE DR. UNIT 7							
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS IIILE MAME SIRELI ADDRESS CITY-ST-ZIP IIILE MAME MAME SIRELI ADDRESS CITY-ST-ZIP IIILE MAME MA	SIGNATURE COM POUR S/07							
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12. Thereby 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 suppliemental 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 trustof 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 addies, with all other like empowered.

SIGNATURE: _

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 8/07

(941) 255-5340

Dayluna Phone #