

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000058918

**Entity Name:** CHARLENE JOAN ENTERPRISES, INC.

**Current Principal Place of Business:**

10148 WHISPER POINTE DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

10148 WHISPER POINTE DRIVE  
TAMPA, FL 33647

**FEI Number: 84-4570844**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LARSON, HERBERT W  
1119969TH STREET NORTH  
LARGO, FL 33773 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MICCOLIS, CHARLENE J  
Address 10148 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

Title VP  
Name MICCOLIS, CHARLES R  
Address 10148 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

Title S  
Name MICCOLIS, CHARLENE J  
Address 10148 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

Title T  
Name MICCOLIS, CHARLENE J  
Address 10148 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLENE J MICCOLIS**

**PRESIDENT**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date