


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F41570
1. Entity Name
CHIP REALTY, INC.



| | |
|---|---|
| Principal Place of Business 2476 N. ESSEX AVE HERNANDO, FL 34442 US | Mailing Address 2476 N. ESSEX AVE HERNANDO, FL 34442 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 06-1078918 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQ
2476 N ESSEX AVENUE
HERNANDO, FL 34442

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000102067
04/02/04-80039-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PASTOR, JOHN E. 2476 N ESSEX AVENUE HERNANDO, FL 34442 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COOK, J. BARRY 2476 N ESSEX AVENUE HERNANDO, FL 34442 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ABEL, ERIC D 2476 N ESSEX AVENUE HERNANDO, FL 34442 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eric D. Abel Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Eric D. Abel**
Date **3/12/04** 352-946-6060
Daytime Phone #