


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000002222</b> 1. Entity Name <b>CHEMPER INC.</b>	
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Principal Place of Business <b>11 OLD PARHAM ROAD ST JOHN ANTIGUA, WEST INDIES,</b>	Mailing Address <b>C/O AUBREY CHOY MOONDALE LODGE HILL WOODS, ST MICHAEL BARBADOS WEST INDIES,</b>
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03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HINSLEY, TODD 233 EAST BAYRIDGE DR WESTON, FL 33327</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TAUREL, RICHARD SOUTH RIDGE, CHRIST CHURCH, BARBADOS WEST INDIES,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CHOY, AUBREY MOONDALE LODGE HILL WOODS ST MICHAEL BARBADOS WEST INDIES,</b>
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03/25/04-80013-008 150.00

**DO NOT WRITE  
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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 this filing with all other like empowered.

**SIGNATURE:**  **RICHARD TAUREL** **03/23/04** **246-437-0103**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #