

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68954

Entity Name: CHAMCO, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

798 CLEARLAKE ROAD
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

798 CLEARLAKE ROAD
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-2350042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, CARTER A.
90 EAST LIVINGSTON STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUMMINS, JIM,
Address: 2708 RIVER RIDGE DR.
City-St-Zip: ORLANDO, FL 32825

Title: STD () Delete
Name: BEELER, JUDY
Address: 3033 PEEL AVE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: CUMMINS, JIMMIE M
Address: 262 VREELAND AVE.
City-St-Zip: MIDLAND PARK, NJ 07432

Title: D () Delete
Name: CUMMINS, FRANCES
Address: 8080 CHRISTY DR
City-St-Zip: FRISCO, TX 75034

Title: D () Delete
Name: JACOBS, LEONARD,
Address: 407 COURTLEA CREEK DR
City-St-Zip: WINTER GARDEN, FL 34737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACOBS, LEONARD,
Address: P.O. BOX 770067
City-St-Zip: WINTER GARDEN, FL 34777

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM CUMMINS

PD

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date