


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # G68954 1. Entity Name CHAMCO, INC.	
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Principal Place of Business 798 CLEARLAKE ROAD COCOA, FL 32922 US	Mailing Address 798 CLEARLAKE ROAD COCOA, FL 32922 US
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2350042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE _____

PER ANDY DUNCAN 150.00
FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007
NO LATE FEE

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	PD CUMMINS, JIM 798 CLEARLAKE RD. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BEELER, JUDY 3033 PEEL AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINS, JIMMIE M 262 VREELAND AVE. MIDLAND PARK, NJ 07432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINS, FRANCES 8080 CHRISTY DR FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBS, LEONARD 407 COURTLEAA CREEK DR WINTER GARDEN, FL 34737
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000760457
05/25/07-80011-021 150.00

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12. I hereby 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 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:  **5-2-07 321-639-3314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #