

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90034 006 \*\*\*150.00

DOCUMENT # P01000069366  
 1. Entity Name  
 CHIPPER'S PROPERTY MAINTENANCE, INC.



40038155



Principal Place of Business  
 3830 JOG ROAD  
 GREENACRES, FL 33467

Mailing Address  
 3830 JOG ROAD  
 GREENACRES, FL 33467

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 3830 Jog Rd.

3. Mailing Address  
 Suite, Apt. #, etc.  
 Jose A. Feliciano  
 3250 S.E. 128 Ave

City & State  
 Greenacres, Fl.

City & State  
 Okeechobee, Fl.

Zip  
 33467

Country  
 P.B.C.

Zip  
 34974

Country  
 Okeechobee

01112005 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1127128

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FELICIANO, JOSE A  
 3830 JOG ROAD  
 GREENACRES, FL 33467

7. Name and Address of New Registered Agent  
 Name  
 Jose A. Feliciano  
 Street Address (P.O. Box Number is Not Acceptable)  
 3250 S.E. 128 Ave.  
 City  
 Okeechobee FL 34974

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FELICIANO, JOSE A STREET ADDRESS 3830 JOG ROAD CITY-ST-ZIP GREENACRES, FL 33467	<input type="checkbox"/> Delete	TITLE President NAME Jose A. Feliciano STREET ADDRESS 3250 S.E. 128 Ave. CITY-ST-ZIP Okeechobee, Fl. 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] 3-20-05 (561-588-8042)  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_