

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000059309

1. Entity Name
CHESTER AND COMPANY CORPORATION



Principal Place of Business
**2850 GRANADA BLVD
KISSIMMEE, FL 34746**

Mailing Address
**2850 GRANADA BLVD
KISSIMMEE, FL 34746**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3760748	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

**MELITON, MELITA E
2850 GRANADA BLVD
KISSIMMEE, FL 34746**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NICDAO, CARMELITA O
STREET ADDRESS	2850 GRANADA BLVD.
CITY - ST - ZIP	KISSIMMEE, FL 34746

TITLE	ST
NAME	MELITON, MELITA E
STREET ADDRESS	2850 GRANADA BLVD.
CITY - ST - ZIP	KISSIMMEE, FL 34746

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

02/14/05-80008-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8/05

Date

(407) 931-3003

Daytime Phone #