


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90392 015 \*\*\*150.00

DOCUMENT # P04000069789			
1. Entity Name CHIPPY THE PIRATE, INC.			
Principal Place of Business 2216 NE 20 AVE WILTON MANORS FL 33305		Mailing Address 2216 NE 20 AVE WILTON MANORS FL 33305	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>TEGREENY, TERRENCE R</b> 2216 NE 20 AVE WILTON MANORS FL 33305		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After May 1, 2005 Fee Will Be \$550.00                  Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P TEGREENY, TERRENCE R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEGREENY, TERRENCE R	NAME	
STREET ADDRESS	2216 NE 20 AVE	STREET ADDRESS	
CITY- ST- ZIP	WILTON MANORS FL 33305	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
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CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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: <u>J. J. [Signature]</u>		Date: <u>Apr 8 2005</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date	

66021494



1st MOORE CR2E034 (10/04)

383701976

Applied For  
Not Applicable

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

FL Zip Code

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2005 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P TEGREENY, TERRENCE R <input type="checkbox"/> Delete
NAME	TEGREENY, TERRENCE R
STREET ADDRESS	2216 NE 20 AVE
CITY- ST- ZIP	WILTON MANORS FL 33305
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	

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SIGNATURE: J. J. [Signature] Date: Apr 8 2005