

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035092

Entity Name: JOHN ALLEN CHIDSEY, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

11335 SW 58 CT  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

11335 SW 58 CT  
COOPER CITY, FL 33330 US

**New Mailing Address:**

FEI Number: 65-0659889      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIDSEY, JOHN A  
11335 SW 58 CT  
COOPER CITY, FL 33330 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: P ( ) Delete  
Name: CHIDSEY, JOHN A  
Address: 11335 SW 58 CT  
City-St-Zip: COOPER CITY, FL 33330 US

Title: OFF ( ) Delete  
Name: CHIDSEY, JEFFREY A  
Address: 21790 NW 7 CT  
City-St-Zip: PEMBROKE PINES, FL 33029 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN ALLEN CHIDSEY

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date