


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000013315**  
 1. Entry Name  
**CHIP'S COMPUTERS, INC.**



Principal Place of Business 501 NE 8TH STREET FORT LAUDERDALE, FL 33304	Mailing Address 501 NE 8TH STREET FORT LAUDERDALE, FL 33304
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3496854</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRADY, JAMES C  
 501 NE 8TH STREET  
 FORT LAUDERDALE, FL 33304

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	D RICH, CHARLES J III 2115 CITRUS BOULEVARD, SUITE D LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000349919  
 05/02/05-80083-016 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **PRESIDENT/DIRECTOR** **4/29/2005** **3523682084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #