


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State


03-01-2004 90029 012 ***150.00

DOCUMENT # 605572
 1. Entity Name
CHIP SUPPLY, INC.



Principal Place of Business Mailing Address
7725 N ORANGE BLOSSOM TR **7725 N ORANGE BLOSSOM TR**
ORLANDO, FL 32810 **ORLANDO, FL 32810**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02262004 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
59-1869492	Not Applicable

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

6. Name and Address of Current Registered Agent

PERROTT, EDWARD J.
7725 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name _____
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ABRUZZO, CLOYD	
STREET ADDRESS	9400 E MARKET ST.	
CITY-ST-ZIP	WARREN, OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERROTT, EDWARD J.	
STREET ADDRESS	7725 N. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DRAIME, DAVID M.	
STREET ADDRESS	9400 E MARKET ST.	
CITY-ST-ZIP	WARREN, OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAIME, JEFFREY	
STREET ADDRESS	8836 SINGING HILLS DR.	
CITY-ST-ZIP	WARREN, OH 44484	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULLIS, DALE	
STREET ADDRESS	7725 N. ORANGE BLOSSOM TR.	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Edward J. Perrott **EDWARD J. PERROTT** 2/26/04 407-298-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #