


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 013 ***150.00

DOCUMENT # 606223

1. Entity Name
CHISHOLM & CO.



Principal Place of Business
**C/O JAMES H. CHISHOLM
 4 CALEDONIA CRESCENT
 KINGSTON 5, JAMAICA, W.I.,**

Mailing Address
**C/O JAMES H. CHISHOLM
 4 CALEDONIA CRESCENT
 KINGSTON 5, JAMAICA, W.I.,**

54056788



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**CHISHOLM, JAMES H.
 10150 N.W. 59TH COURT
 PARKLAND, FL 33076**

4. FEI Number
59-1888821

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **CHISHOLM, JAMES H.**

Street Address (P.O. Box Number is Not Acceptable)
4060 N.W. 106 DRIVE

City **CORAL SPRING FL** Zip Code **33065**

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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHISHOLM, JAMES H. 4 CALEDONIA CRESCENT KINGSTON 5 JAMAICA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, MARCIA A. 0105 S.W. 202 TERRACE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CHISHOLM, MARCIA A. 5 BEVERLY DRIVE KINGSTON 6, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, JUNE A. 10150 N.W. 59TH COURT PARKLAND, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CHISHOLM, JUNE A. 5 BEVERLY DRIVE KINGSTON 6, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, JACQUELINE E. 5 BEVERLY DRIVE KINGSTON 6 JAMAICA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or all other like empowered.

SIGNATURE: _____ **17th MAY 2004** **PHONE 876 929 8758**

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