


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90555 034 ***150.00

DOCUMENT # 606223

1. Entity Name
CHISHOLM & CO.



Principal Place of Business Mailing Address
C/O JAMES H. CHISHOLM **C/O JAMES H. CHISHOLM**
4 CALEDONIA CRESCENT, P.O. Box 111, **4 CALEDONIA CRESCENT, P.O. Box 111,**
KINGSTON 5, JAMAICA, W.I., **KINGSTON 5, JAMAICA, W.I.,**

2. Principal Place of Business 3. Mailing Address
C/O JAMES H. CHISHOLM **C/O JAMES H. CHISHOLM**
 Suite, Apt. #, etc. **P.O. Box 111,** Suite, Apt. #, etc. **P.O. Box 111**
4 CALEDONIA CRESCENT **4 CALEDONIA CRESCENT**
 City & State City & State
KINGSTON 5 **KINGSTON 5**
 Zip Country Zip Country
JAMAICA, W.I. **JAMAICA, W.I.**



03292005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1888821** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CHISHOLM, JAMES H.
~~4060 NW 106 DRIVE~~ **4333 N.W., 88TH TERRACE**
CORAL SPRING, FL 33065

7. Name and Address of New Registered Agent
 Name **CHISHOLM, JAMES H**
 Street Address (P.O. Box Number is Not Acceptable)
4333 N.W. 88TH TERRACE
 City **CORAL SPRINGS 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, 2005 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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, JAMES H.	NAME	
STREET ADDRESS	4 CALEDONIA CRESCENT	STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5 JAMAICA,	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, MARCIA A	NAME	
STREET ADDRESS	5 BEVERLY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KINGSTON, JAMAICA,	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHISHOLM, JUNE A.	NAME	
STREET ADDRESS	5 BEVERLY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KINGSTON, JAMAICA,	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, JACQUELINE E.	NAME	
STREET ADDRESS	5 BEVERLY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 6 JAMAICA,	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
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: JAMES H. CHISHOLM **12TH APRIL 2005** (876) 929 8758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #