


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90068 033 \*\*\*150.00

**DOCUMENT # 606223**  
 1. Entity Name  
**CHISHOLM & CO.**



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

Mailing Address  
**C/O JAMES H. CHISHOLM  
 POB 457  
 KINGSTON 6, JAMAICA, W.I.,**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country



02262007 Chg-P CR2E034 (12/06)

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  
 5631 HAYES ST  
 HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**  
 Name **CHISHOLM, JAMES H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5032 HAYES STREET**  
**HOLLYWOOD**  
 City **FL** Zip Code **33021**

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, 2007 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 5 BEVERLY DRIVE KINGSTON, 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, JUNE A. 5 BEVERLY DRIVE KINGSTON, 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, 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date: 28<sup>th</sup> MARCH 2007 Daytime Phone #: (876) 929 8758