

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606223

FILED
Feb 21, 2009
Secretary of State

Entity Name: CHISHOLM & CO.

Current Principal Place of Business:

C/O JAMES H. CHISHOLM
4 CALEDONIA CRESCENT, P.O. BOX 111
KINGSTON 5, JAMAICA, W.I.,

New Principal Place of Business:

C/O JAMES H. CHISHOLM
4 CALEDONIA CRESCENT,
KINGSTON 5, JAMAICA, W.I., XX XXXXXXXXXX XX

Current Mailing Address:

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

New Mailing Address:

C/O JAMES H. CHISHOLM
POB 457
KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

FEI Number: 59-1888821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHISHOLM, JAMES H
5632 HAYES ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CHISHOLM, JAMES H
Address: 5 BEVERLY DRIVE
City-St-Zip: KINGSTON 6, JAMAICA W.I.,

Title: D () Delete
Name: CHISHOLM, MARCIA A
Address: 5 BEVERLY DRIVE
City-St-Zip: KINGSTON, JAMAICA,

Title: D () Delete
Name: CHISHOLM, JUNE A.
Address: 5 BEVERLY DRIVE
City-St-Zip: KINGSTON, JAMAICA,

Title: D () Delete
Name: CHISHOLM, JACQUELINE E.
Address: 5 BEVERLY DRIVE
City-St-Zip: KINGSTON 6 JAMAICA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. CHISHOLM

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02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date