

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90092 032 ***150.00

DOCUMENT # 607021 1. Entity Name PAUL CHELL, INC.			
Principal Place of Business 230 N A1A SHOPPING CNTR P.O. BOX 372312 SATELLITE BEACH, FL 32937-0312 US		Mailing Address 230 N A1A SHOPPING CNTR P.O. BOX 372312 SATELLITE BEACH, FL 32937-0312 US	
2. Principal Place of Business 420B 4th Ave.		3. Mailing Address PO Box 33902	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Indialantic, FL 32903		City & State Indialantic, FL 32903	
Zip Country		Zip Country	
4. FEI Number 59-1879254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHELL, PAUL L. 230 N A1A SHOPPING CNTR P.O. BOX 372312 SATELLITE BEACH, FL 32937		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT <input type="checkbox"/> Delete NAME CHELL, PAUL L. STREET ADDRESS 230 N A1A SHOPPING CENTER, PO BOX 372312 CITY-ST-ZIP SATELLITE BEACH, FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 420B 4th Ave. PO Box 33902 STREET ADDRESS Indialantic, FL 32903 CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 420B 4th Ave. PO Box 33902 STREET ADDRESS Indialantic, FL 32903 CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VS <input type="checkbox"/> Delete NAME CHELL, JAMES A. STREET ADDRESS 230 N A1A SHOPPING CENTER, PO BOX 372312 CITY-ST-ZIP SATELLITE BEACH, FL	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
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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: <i>Paul L. Chell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-20-04 321-723-2159 <small>Date Daytime Phone #</small>	