

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 618147

1. Entity Name
COFFEE VENTURE CORPORATION



Principal Place of Business
813 LAKE AVE
LAKE WORTH, FL 33460 US

Mailing Address
813 LAKE AVE
LAKE WORTH, FL 33460 US

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1902950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHALKER, FREDERICK
813 LAKE AVE
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHALKER, FREDERICK 137 TURNBERRY DRIVE LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHALKER, MARY 137 TURNBERRY DRIVE LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACE, MICHELLE C 129 TURNBERRY DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHALKER, BRIAN 1975 RICHARD LANE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80048-015 150.00

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IN THIS SPACE**

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.

FRED CHALKER

4/24/06 561-533-0678

SIGNATURE: *Fred Chalker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #