

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90141 022 \*\*\*150.00

**DOCUMENT # F00000003900**

1. Entity Name  
CHEP INTERNATIONAL INC.



Principal Place of Business  
8517 S. PARK CIR.  
ORLANDO, FL 32819

Mailing Address  
8517 S. PARK CIR.  
ORLANDO, FL 32819

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
52-2164636

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	MENDES, VICTOR
STREET ADDRESS	8517 S. PARK CIR.
CITY-ST-ZIP	ORLANDO, FL 328199040

TITLE	V
NAME	SIZEMORE, TOD
STREET ADDRESS	8517 S. PARK CIR.
CITY-ST-ZIP	ORLANDO, FL 328199040

TITLE	CFOD
NAME	LEVETT, PAUL
STREET ADDRESS	8517 S. PARK CIR.
CITY-ST-ZIP	ORLANDO, FL 328199040

TITLE	D
NAME	<del>BROWN, MICHAEL</del> Delete
STREET ADDRESS	450 S. ORANGE AVE., SUITE 410
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	D
NAME	TURNER, DAVID
STREET ADDRESS	1 MAQUNRIE PLACE
CITY-ST-ZIP	SYDNEY, AUSTRALIA, nsw2000

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/04*  
Date

*407 563-2070*  
Daytime Phone #