

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90053 016 ***150.00

40013444



DOCUMENT # F01000005871 1. Entity Name CHUGACH SUPPORT SERVICES, INC.					
Principal Place of Business 560 EAST 34TH STREET, SUITE 100 ANCHORAGE, AK 99503			Mailing Address 560 EAST 34TH STREET, SUITE 100 ANCHORAGE, AK 99503		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01242005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 92-0156802	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLOWERS, LORI 560 E 34TH AVE ANCHORAGE, AK 99503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLATT, DONNA PO BOX 110149 ANCHORAGE, AK 99511	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KOMPKOFF, GARY 103 HILLSIDE DR TATITLEK, AK 99677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEHL, ROY HC 63 BOX 501 WINSLOW, AZ 86047	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Roy Roehl 844 Skyline Drive, Fairbanks AK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Nelson 7320 Clairborne Drive Anchorage, AK 99502	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Lori Clowers/ President 907-563-8866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40013444
701000005871

Chugach Support Services, Inc Directors & Officers

As of 12/16/04

President

Lori Clowers
560 East 34th Avenue
Anchorage, AK 99503
(907) 563-8866

Secretary/Treasurer/Director

Roy Roehl
844 Skyline Drive
Fairbanks, AK 99712
(907) 474-4002

Chairman/Director

Gary Kompkoff
103 Hillside Drive
Tatitlek, AK 99677
(907) 325-2311

Director

Richard Nelson
7320 Clairborne Drive
Anchorage, AK 99502
(907) 245-0594