


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90033 013 \*\*\*150.00

<b>DOCUMENT # F01000005871</b> 1. Entity Name <b>CHUGACH SUPPORT SERVICES, INC.</b>					
Principal Place of Business <b>560 EAST 34TH STREET, SUITE 100 ANCHORAGE, AK 99503</b>			Mailing Address <b>560 EAST 34TH STREET, SUITE 100 ANCHORAGE, AK 99503</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>92-0156802</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLOWERS, LORI</b> <b>560 E 34TH AVE</b> <b>ANCHORAGE, AK 99503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD - Sec/Tres./Director</b> <b>ROEHL, ROY</b> <b>844 SKYLINE DRIVE</b> <b>FAIRBANKS, AK 99712</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KOMPKOFF, GARY</b> <b>103 HILLSIDE DR</b> <b>TATITLEK, AK 99677</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROEHL, ROY</b> <b>HC 63 BOX 501</b> <b>WINSLOW, AZ 86047</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Roxanne Akerlund</b> <b>Director</b> <b>11110 25th St. N.E.</b> <b>Lake Stevens, WA 98258</b> <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, RICHARD</b> <b>7320 CLAIBORNE DRIVE</b> <b>ANCHORAGE, AK 99502</b> <input checked="" type="checkbox"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE:</b> <i>for Clow</i> <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/18/06 907-563-8866</b> <small>Date Daytime Phone #</small>		

# ATTACHMENT

60010114

#701000005871

**Chugach Support Services, Inc**

**Directors & Officers**

As of 10/15/05

**President**

Lori Clowers  
560 East 34<sup>th</sup> 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**

Roxanne Akerlund  
11110 25<sup>th</sup> St. NE  
Lake Stevens, WA 98258  
- - (425) 334-2698