


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90013 012 \*\*\*150.00

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # F02000002847</b>   |         |                                       |         |
| 1. Entity Name<br>CHACONIA FINANCIAL SERVICES, INC.  |         |  |         |
| Principal Place of Business<br>C/O T&T UNIT TRUST CORP., UTC FNCL CNTR.<br>82 IND. SQUARE, PORT OF SPAIN, TRINIDAD<br>WEST INDIES, |         | Mailing Address<br>C/O T&T UNIT TRUST CORP., UTC FNCL CNTR.<br>82 IND. SQUARE, PORT OF SPAIN, TRINIDAD<br>WEST INDIES, |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |
|  |         | 4. FEI Number<br><b>05-0467266</b>   |         |
|  |         | Applied For<br>Not Applicable  |         |
|  |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |         |



03052004 Chg-P CR2E034 (10/03)

|  |  |  |             |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 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> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>OLTON, LARRY L<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DANIEL-WORRELL, GAYLE C<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V S D<br>DANIEL-WORRELL, GAYLE C<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENN, CLARRY<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | C<br>HAREWOOD, T. AINSWORTH<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>ALLEYNE, HUBERT<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>CARRINGTON, EUTRICE<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NICKIE, RENRICK A<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>DANIEL-WORRELL, GAYLE C<br>82 INDEPENDENCE SQ., PORT OF SPAIN<br>TRINIDAD, WEST INDIES. <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **LARRY OLTON, PRESIDENT** **03/06/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #