

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-11-2004 90013 012 ***150.00

DOCUMENT # F02000002847

1. Entity Name
CHACONIA FINANCIAL SERVICES, INC.



Principal Place of Business
**C/O T&T UNIT TRUST CORP., UTC FNCL CNTR.
82 IND. SQUARE, PORT OF SPAIN, TRINIDAD
WEST INDIES,**

Mailing Address
**C/O T&T UNIT TRUST CORP., UTC FNCL CNTR.
82 IND. SQUARE, PORT OF SPAIN, TRINIDAD
WEST INDIES,**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

05-0467266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT OLTON, LARRY L 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL-WORRELL, GAYLE C 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENN, CLARRY 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALLEYNE, HUBERT 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKIE, RENRICK A 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DANIEL-WORRELL, GAYLE C 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S D DANIEL-WORRELL, GAYLE C 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAREWOOD, T. AINSWORTH 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRINGTON, EUTRICE 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES.	<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:

LARRY OLTON, PRESIDENT

03/06/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #