


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90109 031 ***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, XX			Mailing Address C/O T&T UNIT TRUST CORP., UTC FNCL CNTR. 82 IND. SQUARE, PORT OF SPAIN, TRINIDAD WEST INDIES, XX		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 98-0425108	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	PT OLTON, LARRY L 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDCCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OLTON, LARRY L 82 INDEPENDENCE SQUARE, PORT OF SPAIN TRINIDAD, WEST INDIES.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DANIEL-WORRELL, GAYLE C 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES, <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	C AINSWORTH, HAREWOOD T 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES, <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	D CARRINGTON, EUTRICE 82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARRINGTON, EUTRICE 82 INDEPENDENCE SQUARE, PORT OF SPAIN TRINIDAD, WEST INDIES.	
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	
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 exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					