2008 FOR PROFIT CORPORATION

FILED Jan 15, 2008 8:00 am

ANNUAL REPORT					Secretary of State 01-15-2008 90039 040 ***150.00		
DOCUMENT # F04000000827				*			
	Entity Name CHADWICK HOLDING CORPORATION OF NAPLES				01-13-2006 9	3039 040 130.00	
Principal Plac		Mailing Address	· · · · · ·				
2828 TAMIAI Naples, Fl		2828 TAMIAMI TR N Naples, Fl 34103		·			
100 000 10	J 1.05	1811 223,72 3 1103		+ IRENTE III	n aumi didii aumi benii geli	A BOM OBM OBD IEM IEM KEN (BOIEG & 1961	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address S			D00 12				
Suite, Apt.		Suite, Apt. #, etc.	1-377K-1-58	01102008	Chg-P	CR2E034 (12/06)	
City & State	1	City & State	<u> </u>	4. FEI Numb		Applied For	
NAP Zip	Country_	Zip	Country	57-117		Not Applicable \$8.75 Additional	
3410		34102	<u>us</u>		e of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
FREEDMAN, RONALD S 2828 TAMIAMI TR N				Stregt Address (P.O-Box Number is Not Acceptable)			
NAPLES, FL 34103				683 KUDDER RD			
	\sim		City A	lactor		FL (\$COTA)	
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							
signature 1-10-08							
SIGNATURE Shinature, typod or privilized name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTORS IN 11	
TITLE	DPST	☐ Delete	TIFLE	DPST ,	- 3	Channe	
NAME Street address	FREEDMAN, RONALD \$ 2828 TAMIAMI TR N		NAME STREET ADDRESS	LONAU 688	S FREER	MAN	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	NAPUS,	FL 341	٥٧	
TITLE Name	V FREEDMAN, RONALD S	☐ Delete	TITLE NAME	Freedman	2 RAMALD	Change 🗌 Addition	
STREET ADDRESS	2828 TAMIAMI TR N		STREET ADDRESS	663 Rud	de Ro	3	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-S7-ZIP	NAPLSE	1 34102		
NAME		Delete	TITLE NAME		·	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Defete	TITLE	,		☐ Change ☐ Addition	
name Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME Street address			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADIORESS			STREET ADDRESS				
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an efficer or director of the corporation or the repeiver 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							
1 11-2- 239-777-6480							
SIGNATURE: Designation De							
KONAY SITKEEDMAN							