

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90018 048 \*\*\*150.00

**DOCUMENT # F06000002470**

1. Entity Name  
**LACHEL & ASSOCIATES, INC.**



Principal Place of Business  
**130 SOUTH DEFRAME WAY  
GOLDEN, CO 80401**

Mailing Address  
**P.O. BOX 5266  
GOLDEN, CO 80401**

**40049253**



2. Principal Place of Business - No P.O. Box #  
**1667 Cole Boulevard**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 220**

Suite, Apt. #, etc.

City & State  
**Golden, CO**

City & State

Zip  
**80401**

Country  
**USA**

Zip

Country

03272007 Chg-P CR2E034 (12/06)

4. FEI Number  
**22-2626176**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102**

## 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

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, 2007 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  
**DT  
LACHEL, KATHRYN A  
130 SOUTH DEFRAME WAY  
GOLDEN, CO 80401** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
AUGLIS, DEBRA A  
5667 SOUTH ROBB STREET  
LITTLETON, CO 80127** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
FELICE, CONRAD W  
14150 227TH AVENUE NE  
WOODINVILLE, WA 98072** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LINAMEN, C. RICHARD  
3212 TITANIC DRIVE  
STAFFORD, VA 22554** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman of the Board  
Gordon Matheson  
9144 Rigney Terrace  
Glen Allen, VA 23060** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President of Operations  
/Secretary** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President/Director  
David R. Chapman  
17 Corn Hill Drive  
Morristown, NJ 07960** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

**SIGNATURE:** *Debra A. Auglis* **Debra A. Auglis**

**3/27/2007**

**303-279-4321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #