

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F41570

1. Entity Name
CHIP REALTY, INC.



Principal Place of Business
**2476 N. ESSEX AVE
HERNANDO, FL 34442 US**

Mailing Address
**2476 N. ESSEX AVE
HERNANDO, FL 34442 US**



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1078918** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABEL, ERIC D ESQ
2476 N ESSEX AVENUE
HERNANDO, FL 34442**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

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**

U00000102067

04/02/04-80039-004 150.00

10. OFFICERS AND DIRECTORS

T
NAME
PASTOR, JOHN E.
STREET ADDRESS
2476 N ESSEX AVENUE
CITY - ST - ZIP
HERNANDO, FL 34442

P
NAME
COOK, J. BARRY
STREET ADDRESS
2476 N ESSEX AVENUE
CITY - ST - ZIP
HERNANDO, FL 34442

S
NAME
ABEL, ERIC D
STREET ADDRESS
2476 N ESSEX AVENUE
CITY - ST - ZIP
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric D. Abel

3/12/04

Date

352-746-6060

Daytime Phone *