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# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001229	
1. Entity Name JEFFREY CHAIN CORP.	

Principal Place of Business 2307 MADEN DR MORRISTOWN, TN 37813 US	Mailing Address 2307 MADEN DR MORRISTOWN, TN 37813 US
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DO NOT WRITE IN THIS SPACE

FILED  
05 MAY -6 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4064693	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELEHACH, MIKE 2507 MADEN DR MORRISTOWN, TN 37813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS T HOLLINGSWORTH, R.R. DEWELT, ROBERT 2307 MADEN DR MORRISTOWN, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSE, D.W. GRAHAM, GEORGE 2307 MADEN DR MORRISTOWN, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUZINSKI, E. A. 2307 MADEN DR MORRISTOWN, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.						
<table> <tr> <td>SIGNATURE: <u>R. J. Dewelt</u> <u>Robert Dewelt, Treasurer</u></td> <td>4/29/05</td> <td>923-714-1444</td> </tr> <tr> <td><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td> <td><small>Date</small></td> <td><small>Daytime Phone #</small></td> </tr> </table>	SIGNATURE: <u>R. J. Dewelt</u> <u>Robert Dewelt, Treasurer</u>	4/29/05	923-714-1444	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
SIGNATURE: <u>R. J. Dewelt</u> <u>Robert Dewelt, Treasurer</u>	4/29/05	923-714-1444				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>				