

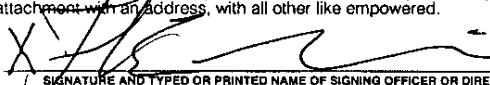


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 039 ***150.00

DOCUMENT # F97000005546 1. Entity Name CHESTERFIELD PARK CORPORATION					
Principal Place of Business 2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445			Mailing Address 2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445		
2. Principal Place of Business 601 N. CONGRESS AVE. Suite, Apt. #, etc. SUITE 305		3. Mailing Address 601 N. CONGRESS AVE. Suite, Apt. #, etc. SUITE 305			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		4. FEI Number 59-2695889	
Zip 33445		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRACCHIOLO, JOHN E 2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 N. CONGRESS AVE., SUITE 305 City DELRAY BEACH FL Zip Code 33445	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PD CRACCHIOLO, JAMES M 2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. CONGRESS AVE., SUITE 305 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRACCHIOLO, SAM A JR 2855 S CONGRESS AVE, SUITE A DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. CONGRESS AVE., SUITE 305 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CRACCHIOLO, JOHN E 2915 S. CONGRESS AVENUE, SUITE H DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. CONGRESS AVE., SUITE 305 DELRAY BEACH, FL 33445	
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	
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)(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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-22-05 (561)243-9800 Date Daytime Phone #		

JOHN E. CRACCHIOLO