

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006508

1. Entity Name  
CHANDELLE VENTURES INC.



Principal Place of Business  
24311 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

Mailing Address  
24311 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3649702	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ACKERMAN, DON E  
24311 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	ACKERMAN, DON E
STREET ADDRESS	24311 WALDEN CENTER DRIVE
CITY - ST - ZIP	BONITA SPRINGS, FL 34134
TITLE	AS
NAME	ACKERMAN, MICHAEL
STREET ADDRESS	15 CHERRY HILLS PARK DRIVE
CITY - ST - ZIP	CHERRY HILLS VILLAGE, CO 80113
TITLE	D
NAME	ACKERMAN, DON E
STREET ADDRESS	24311 WALDEN CENTER DRIVE
CITY - ST - ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/21/05-80039-021 158.75

**DO NOT WRITE  
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  
Don E. Ackerman

Date

Daytime Phone #

2/17/05 (239) 949-5160