
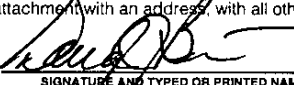


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 016 ***150.00

DOCUMENT # F99000001201 1. Entity Name SOURCE-CHESTNUT DISPLAY SYSTEMS, INC.					
Principal Place of Business 27500 RIVERVIEW CENTER BLVD 400 BONITA SPRINGS, FL 34134			Mailing Address 27500 RIVERVIEW CENTER BLVD 400 BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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) DATE</small>					
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	CP <input checked="" type="checkbox"/> Delete		TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLEGEL, S. LESLIE		NAME	Flegel, Jason S.	
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD STE 400		STREET ADDRESS	27500 Riverview Center Blvd, Ste 400	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	Vice President and CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIERMAN, MARC		NAME	Fierman, Marc	
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD STE 400		STREET ADDRESS	27500 Riverview Center Blvd, Ste 400	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	<input type="checkbox"/> Delete		TITLE	Vice President and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Bates, Douglas J.	
STREET ADDRESS			STREET ADDRESS	27500 Riverview Center Blvd, Ste 400	
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Douglas J. Bates 4/25/05 239-949-4450					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

14005335



04252005 Chg-P CR2E034 (10/03)

4. FEI Number
43-1836446

Applied For
Not Applicable

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