

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 MAR 28 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1346391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # G50442 1. Entity Name CHAMPOR, CORP., INC.		
Principal Place of Business 7203 N. FLORIDA AVE. TAMPA, FL 33604	Mailing Address 7203 N. FLORIDA AVE. TAMPA, FL 33604	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POTTS, DAVID C. 7203 N FLORIDA AVE TAMPA, FL 33604

**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	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	PTD POTTS, DAVID C. 7203 N. FLORIDA AVE. TAMPA, FL 33604
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)(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: See Attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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<p>1. G50442</p> <p>CHAMPOR, CORP., INC.</p>	
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<p>7203 N. FLORIDA AVE. TAMPA, FL 33604</p>	<p>7203 N. FLORIDA AVE. TAMPA, FL 33604</p>
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DO NOT WRITE IN THIS SPACE



02212005 59-1346391

4. 59-1346391	8.75
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6. Name and Address of Current Registered Agent

POTTS, DAVID C.
7203 N FLORIDA AVE
TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

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

9. **\$5.00**

10. **DO NOT WRITE IN THIS SPACE**

TITLE	PTD
NAME	POTTS, DAVID C.
STREET ADDRESS	7203 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000278413
03/28/05-80025-005 150.00

12. SIGNATURE: *David Potts* *David Potts* 3/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR