2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS

SIGNATURE: _

FILED Jul 01, 2004 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | Secre | un j | State |
|--|---|--|--|--------------------------|-------------------------|------------------------------|----------------------------|
| 1. Entity Nam | MENT # G63463 R DEVELOPMENT COMPA | | | · | | | |
| CHESTE | A DEVELOPIVIENT COMPAI | N 1 | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | _ | |
| 19335 E 5TI UMATILLA, F | | 19335 E 5TH ST UMATILLA, FL 32784 | | | | M4801 B1801 81801 W1801 | |
| | | | | | | | |
| E | O NOT WRITE | CE | 06232004 4. FEI Numbe | No Chg-P | CR2E034 | (10/03) Applied For | |
| | | | | 59-234 | 0531 | | Not Applicable |
| | · · · · · · · · · · · · · · · · · · · | مرجع | Fine Cyst | 5. Certificate | of Status Desired | | .75 Additional Required |
| | 6. Name and Address of Current F | legistered Agent | | | | | |
| CHESTER, EDMUND A JR 19335 E 5TH ST UMATILLA, FL 32784 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above the obligate SIGNATURE. | named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a | Clath | ed affice or register PASS 6 appent signature required | /23/0 | th, in the State of Flo | rida. I am fami Dafé | liar with, and accept |
| | LE NOW!!! FEE IS \$550.00 ue by September 8, 2004 | Election Campaign Fina Trust Fund Contribution. | | .00 May Be ed to Fees | | | |
| 10. | OFFICERS AND I | DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHESTER, EDMUND A JR 19335 E 5TH ST UMATILLA, FL 32784 | | | | U00000 07/01/04- | - 60 005-0 0165680 | 11 550.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHESTER, C E 2402 N 58 ST OMAHA, NE 68104 | | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | TS CHESTER, C E 2402 N 58TH ST OMAHA, NE 68104 | | the second second | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-51-2IP | Commission Solver | | | | THIS SP | | |
| title Name Street Address City-St-Zip | | ··· , | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes if 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.