## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G68954

Entity Name: CHAMCO, INC.

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 798 CLEARLAKE ROAD COCOA, FL 32922 **Current Mailing Address: New Mailing Address:** 798 CLEARLAKE ROAD COCOA, FL 32922 FEI Number: 59-2350042 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRADFORD, CARTER A 90 EAST LIVINGSTON STREET ORLANDO, FL 32801 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CUMMINS, JIM, Name: Name: 798 CLEARLAKE RD. Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: STD Title: () Delete () Change () Addition BEELER, JUDY Name: Name: 3033 PEEL AVE Address: Address: ORLANDO, FL 32806 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CUMMINS, JIMMIE M Name: Name: 262 VREELAND AVE. Address: Address: City-St-Zip: MIDLAND PARK, NJ 07432 City-St-Zip: Title: () Delete Title: () Change () Addition CUMMINS, FRANCES Name: Name: Address: 8080 CHRISTY DR Address: City-St-Zip: FRISCO, TX 75034 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: JACOBS, LEONARD, Name: JACOBS, LEONARD,

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

P.O. BOX 770067

WINTER GARDEN, FL 34777 00

SIGNATURE: JIM CUMMINS PD 04/28/2008

407 COURTLEAA CREEK DR

WINTER GARDEN, FL 34737

Address:

City-St-Zip: