2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT# G84355

1. EntityName
CH & CO., INC. OF VENICE

PrincipalPlaceofBusiness
1542 US 41 BYPASS SOUTH
VENICE, FL 34293

MailingAddress
1542 US 41 BYPASS SOUTH
VENICE, FL 34293

02142005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-2383125
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

OSTYN, CAROLYN
1542 US 41 BYPASS SOUTH
VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable *(NOTE:RegisteredAgentsignaturerequiredwhenre instating)*

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

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

H00000282487
03/31/05-80042-023 150.00

10. *OFFICERSANDDIRECTORS*

TITLE	PSTS
NAME	OSTYN, CAROLYN
STREETADDRESS	1542 US 41 BYPASS SOUTH
CITY-ST-ZIP	VENICE, FL 34293
TITLE	V
NAME	OSTYN, RENE
STREETADDRESS	1542 US 41 BYPASS SOUTH
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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 is now attached with an address, with all other like empowered.

SIGNATURE: _____ 3-29-05 941-493-5814
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#