## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 04, 2004 08:00 AM Secretary of State **DOCUMENT # H37889** 1. Entity Name CHL, INC. Principal Place of Business Mailing Address 1823 CYPRESS GARDENS BLVD. 329 HAMILTON SHORE DR WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33884-1959 US 08022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2494568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CHEN, CHIN S DO NOT WRITE 329 HAMILTON SHORE DR WINTER HAVEN, FL 33881 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, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 70. DP TRILE NAME CHEN, CHIN SHU STREET ADDRESS 329 HAMILTON SHORE DR CITY-ST-ZIP WINTER HAVEN, FL 33881 साह U00000169307 08/04/04-80002-803 150.00 CHEN, IRENE SHANME! HAME STREET ADDRESS 329 HAMILTON SHORE DR WINTER HAVEN, FL 33881 CITY-ST-ZIP TELE NAME STREET ADDRESS DO NOT WRITE City-St-IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CSTY-ST-ZIP

12. Thereby 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.

TETLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR