2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # J48007 1. Entity Name CHESTER CONSTRUCTION & DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 2130 JOHN ANDERSON DRIVE P O BOX 1606 ORMOND BEACH FL 32176 DAYTONA BEACH FL 32115 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-2749118 Not Applicable Zφ Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHESTER, H D Street Address (P.O. Box Number is Not Acceptable) 2130 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 City Zipi Code 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, typod or proved samp of registrod agent and the in explicable (NOTE: Registered Agort's rigidure required when reinstating DATE FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VDT** Defete Addition THEF 000000800992 NAME CHESTER, JAMES R NAME 01/31/08-80038-022 150.00 STREET ADDRESS 5021 HARBOR HEIGHTS STREET ADDRESS City-St-Zi2 LADY LAKE FL 32159-5953 CITY-ST-ZIP TITLE **PDS** De ete ☐ Change Addition TITLE CHESTER, H.D. NAME HAME STREET ADDRESS 2130 JOHN ANDERSON DR. STREET ADDRESS CITY+\$1-71P ORMOND BEACH FL 32176 CITY-ST-ZIP TITLE Change ☐ Daiete TITLE Aridition 1177.46 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP City-ST-ZIP TITLE ☐ Change ☐ Addition Delete THE NAM. NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP IIILE De'ete TITI F Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY- ST-ZIP TITLE TITLE Change Addition ☐ Delete NAM? NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 efficer 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.