2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90044 047 ***150.00

DOCUMENT # K25377

1. Entity Name
CANVAS BY CHIEF, INC.

Principal Place of Business	Mailing Address
3420 45TH STREET #1 REAR WEST PALM BEACH, FL 33407-1860 US	~~194 SUMMER WIND TRAIL~~ PALM BEACH GARDENS, FL 33410-~~6344~~ 6304 US 246 FALL CIRCLE

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	246 FALL CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PALM BEACH GARDENS FL
Zip / Country	Zip: 33410 / Country

4. FEI Number: 65-0052331 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAAA, JENSEN K.
194 SUMMER WIND TRAIL
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAAA, JENSEN K. ~~194 SUMMER WIND TRAIL~~ ~~WEST PALM BEACH, FL 33410~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 246 FALL CIRCLE PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KAAA, JANE K. ~~194 SUMMER WIND TRAIL~~ ~~WEST PALM BEACH, FL 33410~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 246 FALL CIRCLE PALM BEACH GARDENS FL 33410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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.

SIGNATURE: Jane K Kaaa VP/S — 3-24-2004 — 561 684-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #