

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K49499**

1. Entity Name  
**CHADWELL HOMES CORPORATION**



Principal Place of Business

**137 W. ROBERTSON ST  
BRANDON, FL 33511**

Mailing Address

**P.O. BOX 2614  
BRANDON, FL 33509 US**



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2919847**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHADWELL, MICHAEL  
401 CITRUS WOOD LANE  
VALRICO, FL 33594**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CHADWELL, DONALD R
STREET ADDRESS	322 CHADWELL DR
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	V
NAME	CHADWELL, MICHAEL E
STREET ADDRESS	401 CITRUS WOOD LANE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	V
NAME	PRICE, ROY
STREET ADDRESS	2638 VALENCIA GROVE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	V
NAME	CHADWELL, STEVEN
STREET ADDRESS	1319 GULF STREAM CIR #201
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Michael Chadwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-05**  
Date

**813-654-2881**  
Daytime Phone #