

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74353

FILED
Apr 21, 2008
Secretary of State

Entity Name: CHANCEY DESIGN PARTNERSHIP, INC.

Current Principal Place of Business:

1860 REPUBLICA DE CUBA
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1860 REPUBLICA DE CUBA
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-2937745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANCEY, WALTON H.
1860 REPUBLICA DE CUBA
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHANCEY, WALTON H.,
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: V () Delete
Name: NUZUM, LARRY
Address: 1902 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: V () Delete
Name: JONES, GREG
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: COPE, TERRY
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NUZUM, LARRY
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: SERAFIN, HEATHER R
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER SERAFIN

HS

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date