

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L56730

1. Entity Name
CHENOA SOUTH PROPERTIES, INC.



Principal Place of Business
% JOHN CRIDER
521 W. FORT ISLAND TRAIL, SUITE A
CRYSTAL RIVER, FL 32629

Mailing Address
% JOHN CRIDER
521 W. FORT ISLAND TRAIL, SUITE A
CRYSTAL RIVER, FL 32629

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3006542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRIDER, JOHN
521 WEST FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER, FL 32629

**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 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
DAVIS, ONLEE, P
5286 S RUNNING BROOK DR
HOMOSASSA, FL 34448

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LOGAN, GREGORY C
6921 KENWOOD RD
CINCINNATI, OH 45243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

000000091660
03/18/04-80017-020 150.00

**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:

GREGORY C LOGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/04 515-924-2900