


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED


Feb 23, 2004 08:00 AM

Secretary of State

DOCUMENT # L93359 1. Entity Name RUSTY CHINNIS CONTRACTOR, INC.	
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Principal Place of Business 5350 GULF OF MEXICO DR SUITE 201A LONGBOAT KEY, FL 34228 US	Mailing Address P.O. BOX 67 LONGBOAT KEY, FL 34228 US
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0218400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHINNIS, RUSSELL D.
5350 GULF OF MEXICO DR
SUITE 201A
LONGBOAT KEY, FL 34228**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CHINNIS, RUSSELL D. 7091 LONGBOAT DR E LONGBOAT KEY, FL
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IN THIS SPACE**

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02/23/04-80083-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/17/04 941-383-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #