


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # M98071 1. Entity Name CHESNEE, INC. |  |
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| Principal Place of Business 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 US | Mailing Address 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 US |
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03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0130904 | Applied For Not Applicable |
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|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHISESI, STEFANO 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 |
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**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, 2007 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 | P CHISESI, STEFANO 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CHISESI, GUISEPPE 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CHISESI, IGNAZIO 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/13/07-80009-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer or other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07
Date

Daytime Phone #