


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90044 032 \*\*\*\*61.25

<b>DOCUMENT # N02000006572</b> 1. Entity Name <b>CHRYSALIS, INC.</b>					
Principal Place of Business <b>6682 RIVO ALTO ORLANDO, FL 32809</b>			Mailing Address <b>6682 RIVO ALTO ORLANDO, FL 32809</b>		
2. Principal Place of Business <b>3604 9th ave west</b>		3. Mailing Address <b>3604 9th ave West</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Bradenton FL</b>		City & State <b>Bradenton, FL</b>		4. FEI Number <b>30-0120600</b>	
Zip <b>34205</b>		Country <b>Manatee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NESBITT, ALICE 6682 RIVO ALTO ORLANDO, FL 32809</b>		7. Name and Address of New Registered Agent Name <b>LUANN Percoskie</b> Street Address (P.O. Box Number is Not Acceptable) <b>3604 9th ave west</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34205</b>			
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 <u><i>Luann Percoskie</i></u> <b>President/Treasurer</b> <b>4/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERCOSKIE, LUANN 6682 RIVO ALTO ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTO Percoskie LUANN 3604 9th ave. W. Bradenton, FL. 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HALL, MIA 670 YOUNGSTOWN PKWY #280 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO Karl-A Holsberg 4302 11th ave east Bradenton, FL. 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MARTIN, VIOLET P.O. BOX 342 WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD Deborah Hart/McEntegart 9925 ulmerton Rd #19 Lakeland FL. 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ALLES, SCOTT 8911 TIBET BAY DRIVE ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Laura Berutti 3604 9th ave. W Bradenton FL. 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FULLER, SUZANNE 4250 HIGH PLAINS LANE KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNROE, JILL 306 PALM STREET WINDEMERE, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u><i>Luann Percoskie</i></u> <b>4/4/05</b> <b>941-742-6614</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					