

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90092 037 \*\*\*\*61.25

<b>DOCUMENT # N03000007993</b> 1. Entity Name <b>CHAOS CARNIVAL, INC.</b>			
Principal Place of Business <b>5714 4TH STREET SOUTH ST PETERSBURG, FL 33705</b>		Mailing Address <b>5714 4TH STREET SOUTH ST PETERSBURG, FL 33705</b>	
2. Principal Place of Business <b>4925 38 Way S. #5A</b> Suite, Apt. #, etc.		3. Mailing Address <b>4925 38 Way S. #5A</b> Suite, Apt. #, etc.	
City & State <b>St. Petersburg, FL</b> Zip <b>33711</b>		City & State <b>St. Petersburg, FL</b> Zip <b>33711</b>	
4. FEI Number <b>32-0095438</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOVETT, CHRISTINE 5714 4TH STREET SOUTH ST PETERSBURG, FL 33705</b>		7. Name and Address of New Registered Agent Name <b>LOVETT, Christine</b> Street Address (P.O. Box Number is Not Acceptable) <b>4925 38 Way S. #5A</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33711</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>Christine M. Lovett, Registered Agent</i></u> <span style="float: right;">DATE <u><i>April 4, 2005</i></u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>LOVETT, CHRISTINE</b> <b>5714 4TH STREET SOUTH</b> <b>ST PETERSBURG, FL 33705</b>	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LOVETT, Christine</b> <b>4925 38 way S. #5A</b> <b>St. Petersburg, FL 33711</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>COLE, CLAUDIA</b> <b>3018 59TH STREET SOUTH #10</b> <b>GULFPORT, FL 33707</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>LEWIS, HARRIET</b> <b>5233 DELETT AVENUE SOUTH</b> <b>GULFPORT, FL 33707</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> <u><i>Christine M. Lovett</i></u> <span style="float: right;">DATE <u><i>April 4, 2005</i></u> 727 8668289</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			