

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001562

FILED
May 20, 2009
Secretary of State

Entity Name: CHOSEN FAST, INC.

Current Principal Place of Business:

11636 SE CHIPOLA PARK ROAD
KINARD, FL 32449 US

New Principal Place of Business:

Current Mailing Address:

11636 SE CHIPOLA PARK ROAD
KINARD, FL 32449 US

New Mailing Address:

FEI Number: 59-3374239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUTTS, WILBUR
11636 SE CHIPOLA PARK RD
KINARD, FL 32449 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BUTTS, WILBUR
Address: CHIPOLA PARK RD
City-St-Zip: KINARD, FL 32449

Title: SD () Delete
Name: WILEY, JAMES REV
Address: 2005 MARVIN AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: BUTTS, MARY L
Address: CHIPOLA PARK RD
City-St-Zip: KINARD, FL 32449

Title: TD () Delete
Name: FIELDS, WALTER
Address: CHIPOLA PARK RD.
City-St-Zip: KINARD, FL 32449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER FIELDS

TD

05/20/2009

Electronic Signature of Signing Officer or Director

_____ Date