

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002476

1. Entity Name
THE CHIMP FARM, INC.



Principal Place of Business
**4612 ALTERNATE HIGHWAY 19 SOUTH
PALM HARBOR, FL 34683**

Mailing Address
**4612 ALTERNATE HIGHWAY 19 SOUTH
PALM HARBOR, FL 34683**



02282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3318127

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**FLETCHER, DEBORAH D
4612 ALT HWY 19 S
TARPON SPRINGS, FL 34689**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**D
NOYCE, JANE
1965 VIRGINIA AVE.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLETCHER, DEBORAH A
4612 ALT 19
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLLEY, CHRISTY L
5139 NASHVILLE DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000469001
03/24/06-80013-020 61.25

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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 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:

Deborah A. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 (727) 943-5897
Date Daytime Phone #