
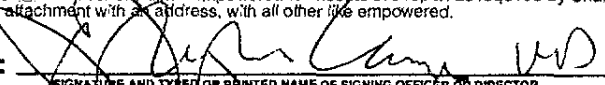


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005629		
1. Entity Name CHORES, INC.		
Principal Place of Business 606 VALLEY FORGE ROAD EAST NEPTUNE BEACH, FL 32266		Mailing Address 1015 ATLANTIC BLVD. #155 ATLANTIC BEACH, FL 32233
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202		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 _____ <small>Signature, typed or printed name of registered agent and his, if applicable. (FACILE: Registered Agent's signature required when re-stating agent)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPBELL, J. DOUGLAS 606 VALLEY FORGE ROAD EAST NEPTUNE BEACH, FL 32266	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ARMSTRONG, GEORGE F JR. 1860 SHADOWLAWN STREET JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOOGE, EARL JR. 225 WATER ST., STE. 1800 JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/18/05 <small>Date</small> 904-464-9565 <small>Daytime Phone #</small>



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3605403	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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03/22/05-80014-010 70.00