


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 040 ***150.00

DOCUMENT # P00000096193	
1. Entity Name JOHN & CHANTELSHA, INC.	

Principal Place of Business 2996 45TH ST VERO BEACH, FL 32967	Mailing Address PO BOX 6948 VERO BEACH, FL 32961
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2. Principal Place of Business	3. Mailing Address 4140 48th Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH FL	4. FEI Number 65-1050602	Applied For <input type="checkbox"/> Not Applicable
Zip 32967	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSEN, G. RUSSELL ESQ. 3339 CARDINAL DR. #200 VERO BEACH, FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMOND, MAMIE R 4140 48TH PLACE VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Mamie R. Edmond Mamie R. Edmond 4-14-05 (772) 567-4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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