2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000047279

1. Entity Name

CHAD AND ASSOCIATES, INC.



Principal Place of Business

1721 S. KINGS AVENUE BRANDON, FL 33511

Mailing Address

1721 S. KINGS AVENUE BRANDON, FL 33511

FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90110 011 ***150.00



DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1099448 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CHADWELL, DAVID R 1721 S. KINGS AVENUE BRANDON, FL 33511

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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHADWELL, JAMES M 711 CHARTER WOOD PLACE VALRICO, FL 33594 *,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHADWELL, DÄVID R 702 CITRUS WOOD LANE VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+SI-ZIP		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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 outby that I am an officer or director.					

of the corporation of the receiver of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR