

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000072619</b>	
1. Entity Name <b>CHESTNUT HILL INVESTMENTS, INC.</b>	
Principal Place of Business <b>15105 NW 94TH AVE ALACHUA, FL 32615</b>	Mailing Address <b>15105 NW 94TH AVE ALACHUA, FL 32615</b>



03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3741091</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000279685

03/29/05-80004-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAW, DEBORAH A 15105 NW 94 AVE. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERMAN, CARL W 17612 NW 72 AVE. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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:** Robert D. Wallace 3/25/05 386 962 2820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #