# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005**
**Secretary of State**

DOCUMENT# P01000097434

**Entity Name:** CHOWN PROPERTIES, INC.

**Current Principal Place of Business:**

5415 ASHTON CT.
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

5415 ASHTON CT.
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number: 01-0605725** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHOWN, CRAIG L
5415 ASHTON CT.
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete
Name: CHOWN, CRAIG L
Address: 5415 ASHTON CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete
Name: CHOWN, AMY
Address: 5415 ASHTON CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete
Name: CHOWN, AMANDA
Address: 5415 ASHTON CT.
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CHOWN, AMANDA
Address: 5415 ASHTON CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP (X) Change ( ) Addition
Name: CHOWN, ALLISON
Address: 5415 ASHTON CT.
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG L. CHOWN PCEO 05/02/2005

Electronic Signature of Signing Officer or Director Date