

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 11 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P01000097434 | | | | | |
| 1. Entity Name CHOWN PROPERTIES, INC. | | | | | |
| Principal Place of Business 5415 ASHTON CT. TALLAHASSEE, FL 32317 | | | Mailing Address 5415 ASHTON CT. TALLAHASSEE, FL 32317 | | |
| 2. Principal Place of Business - No P.O. Box # 2650 SE 7TH DR. | | | 3. Mailing Address 2650 SE 7TH DR. | | |
| Suite, Apt. #, etc. Pompano Beach, FL | | | Suite, Apt. #, etc. Pompano Beach, FL | | |
| City & State | | | City & State | | |
| Zip 33062 | Country U | Zip 33062 | Country U | 4. FEI Number 01-0605725 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CHOWN, CRAIG L 5415 ASHTON CT. TALLAHASSEE, FL 32317 | | | | 7. Name and Address of New Registered Agent Name CHOWN, CRAIG Street Address (P.O. Box Number is Not Acceptable) 2650 SE 7TH DR. Pompano Beach, FL City FL Zip Code 33062 | |
| 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 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO CHOWN, CRAIG L 5415 ASHTON CT. TALLAHASSEE, FL 32317 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO CHOWN, CRAIG 2650 SE 7TH DR. Pompano Beach, FL 33062 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHOWN, AMANDA 5415 ASHTON CT. TALLAHASSEE, FL 32317 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 09/11/07--01010--004 **423.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHOWN, ALLISON 5415 ASHTON CT. TALLAHASSEE, FL 32317 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHOWN, DIANE 2650 SE 7TH DR. Pompano Beach, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHOWN, DIANE 2650 SE 7TH DR. Pompano Beach, FL 33062 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing 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 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: | | | 9/11/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |