2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003922

1. Entity Name
CHESAPEAKE TRAVEL COMPANY

Principal Place of Business	Mailing Address
1228 CARVELLO DRIVE	1228 CARVELLO DRIVE
THE VILLAGES, FL 32162	THE VILLAGES, FL 32162

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
52-1801538		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, CLAIRE I
1228 CARVELLO DRIVE
THE VILLAGES, FL 32162

DO NOT WRITE IN THIS SPACE

6. 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, 2005 Fee will be $550.00** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDREWS, CLAIRE I
STREET ADDRESS	1228 CARVELLO DRIVE
CITY-ST-ZIP	THE VILLAGES, FL 32162

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/11/05-80014-011 150.00

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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: _Chris Andrews_ CLAIRE ANDREWS 2/8/05 352-753-0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #