


**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90023 025 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000012386**

1. Entity Name  
**CHASSIS RESEARCH AND DEVELOPMENT CORP.**



Principal Place of Business  
**209 PAWNEE DR.  
 ORMOND BCH, FL 32174**

Mailing Address  
**P. O. BOX 2594  
 ORMOND BCH, FL 32175**

00400303



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

02182004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3628910**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOLLES, ROBERT C JR.  
 209 PAWNEE DR.  
 ORMOND BCH, FL 32174**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROBERT C. BOLLES, JR. 209 PAWNEE DR. ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Robert C. Bolles, Jr.** *[Signature]* **3/13/04** **386-677-5388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #