


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90003 009 \*\*\*150.00

<b>DOCUMENT # P03000018081</b> 1. Entity Name <b>CHESTERFIELD, INC.</b>			
Principal Place of Business <b>301 N. CATTLEMEN RD., SUITE 205 SARASOTA, FL 34232</b>		Mailing Address <b>301 N. CATTLEMEN RD., SUITE 205 SARASOTA, FL 34232</b>	
2. Principal Place of Business <b>1110 S. John Young Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>1110 S. John Young Parkway</b> Suite, Apt. #, etc.	
City & State <b>Kissimmee, FL</b>		City & State <b>Kissimmee, FL</b>	
Zip <b>34741</b>		Zip <b>34741</b>	
Country		Country	
4. FEI Number <b>47-0910098</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROWE, JEROME P 301 N. CATTLEMEN RD., SUITE 205 SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name <b>Rowe, Jerome P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 S. John Young Parkway</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWE, JEROME P 301 N. CATTLEMEN RD., SUITE 205 SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rowe, Jerome P. 1110 S. John Young Parkway Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROWE, SUSAN 301 N. CATTLEMEN RD., SUITE 205 SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rowe, Susan 1110 S. John Young Parkway Kissimmee, FL 34741
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
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 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.			
<b>SIGNATURE:</b> <u><i>Jerome P. Rowe</i></u> <b>3/01/04</b> <b>407-807-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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