


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90098 032 \*\*\*158.75

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P03000059309</b>                           |  |  |
| 1. Entity Name<br><b>CHESTER AND COMPANY CORPORATION</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2850 GRANADA BLVD<br/>KISSIMMEE, FL 34746</b> | Mailing Address<br><b>2850 GRANADA BLVD<br/>KISSIMMEE, FL 34746</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>808 MABBETTE ST.</b> | 3. Mailing Address<br><b>928 SAN RAPHAEL ST.</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                              |

|  |   |
|--|---|
| City & State<br><b>KISSIMMEE FLORIDA</b> | City & State<br><b>KISSIMMEE, FLORIDA</b> |
| Zip<br><b>34741</b>                      | Zip<br><b>34759</b>                       |
| Country<br><b>U.S.A.</b>                 | Country<br><b>U.S.A.</b>                  |



02062007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>04-3760748</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                        |  |
| <b>MELITON, MELITA E<br/>2850 GRANADA BLVD<br/>KISSIMMEE, FL 34746</b> |  |

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent                                      |                             |
| Name   |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>928 SAN RAPHAEL ST.</b> |                             |
| City<br><b>KISSIMMEE</b>   | Zip Code<br><b>FL 34759</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<br><i>Melita E. Meliton</i>   | DATE<br><b>March 8, 2007</b> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                  |                                 |
|---|---------------------------------|
| TITLE<br><b>P</b>                           | <input type="checkbox"/> Delete |
| NAME<br><b>NICDAO, CARMELITA O</b>          |                                 |
| STREET ADDRESS<br><b>2850 GRANADA BLVD.</b> |                                 |
| CITY-ST-ZIP<br><b>KISSIMMEE, FL 34746</b>   |                                 |
| TITLE<br><b>ST</b>                          | <input type="checkbox"/> Delete |
| NAME<br><b>MELITON, MELITA E</b>            |                                 |
| STREET ADDRESS<br><b>2850 GRANADA BLVD.</b> |                                 |
| CITY-ST-ZIP<br><b>KISSIMMEE, FL 34746</b>   |                                 |
| TITLE                                       | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |
| TITLE                                       | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |
| TITLE                                       | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS<br><b>928 SAN RAPHAEL ST.</b>          |   |
| CITY-ST-ZIP<br><b>KISSIMMEE, FLORIDA 34759</b>        |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS<br><b>928 SAN RAPHAEL ST.</b>          |   |
| CITY-ST-ZIP<br><b>KISSIMMEE FLORIDA 34759</b>         |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

|  |   |
|--|---|
| 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:<br><i>[Signature]</i>   | DATE<br><b>MARCH 8, 2007 (407) 931-3003</b> |