

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000083628

1. Entity Name
CHEVISTON INC.



Principal Place of Business
**6300 S. FALLS CIRCLE DRIVE
412
LAUDERHILL, FL 33319 US**

Mailing Address
**6300 S. FALLS CIRCLE DRIVE
412
LAUDERHILL, FL 33319 US**



DO NOT WRITE IN THIS SPACE

04242005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3696335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROOKS, CHARMAINE E
6300 S FALLS CIRCLE DRIVE
412
LAUDERHILL, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 **P**
NAME **CROOKS, CHARMAINE E**
STREET ADDRESS **6300 S FALLS CIRCLE DRIVE, #412**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **VP**
NAME **BONNER, EVON**
STREET ADDRESS **6300 S FALLS CIRCLE DRIVE, #412**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **S**
NAME **CROOKS, CHARMAINE**
STREET ADDRESS **6300 S FALLS CIRCLE DRIVE, #412**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **T**
NAME **BONNER, EVON**
STREET ADDRESS **6300 S FALLS CIRCLE DRIVE, #412**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000334222
04/27/05-80036-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05

Date

Daytime Phone # _____