2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 17, 2005 08:00 AM DOCUMENT # P03000120735 1. Entity Name **Secretary of State** JAMES W. CHATHAM ENTERPRISES, INC Mailing Address Principal Place of Business 1890 MANGO STREET NE PALM BAY FL 32905 1890 MANGO STREET NE PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 13-4269113 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALTERMAN, ROY A Street Address (P.O. Box Number is Not Acceptable) 2115 PALM BAY ROAD, NE STE 1E PALM BAY FL 32905 Zip Code FĹ 3. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition P VP TITLE TITLE Delete CHATHAM, JAMES W MAME NAME U00000232582 02/17/05-80009-003 150.00 STREET ADDRESS 1890 MANGO ST NE STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition T SC Defete TITLE TITLE CHATHAM, JAMES W NAME STREET ADDRESS STREET ADDRESS 1890 MANGO ST NE PALM BAY FL 32905 CITY-ST-70P CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additfon TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DTI F Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes 1 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 tike empowered.