



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128229 1. Entity Name CHANWIL HOLDINGS, INC.	
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Principal Place of Business 21216 OLEAN BLVD. SUITE 6 PORT CHARLOTTE, FL 33952	Mailing Address 21216 OLEAN BLVD. SUITE 6 PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0370321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN J
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSON, LENITA 2290 BREMEN COURT PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, ARLENE C 125-10 QUEENS BLVD., APT #2504 KEW GARDENS, NY 11415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SANJEAN C 7315 POWHATAN STREET LANHAM, MD 20706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/05-80089-014 158.75

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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: LENITA HANSON 2-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LENITA HANSON