

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90413 013 ***158.75

DOCUMENT # P03000139486 1. Entity Name CHESBOROUGH INVESTMENT PROPERTIES, INC.					
Principal Place of Business 14021 NW US 441 SUITE 1 ALACHUA FL 32615			Mailing Address 14021 NW US 441 SUITE 1 ALACHUA FL 32615		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2800 NE SR-47 Suite, Apt. #, etc.			
City & State Zip Country		City & State HIGH SPRINGS, FL Zip Country 32643 USA		4. FEI Number Applied For 20-0549511 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D 14021 US 441 SUITE 1 ALACHUA FL FL					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 reappointing)</small> DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CHESBOROUGH, LOWELL D 14021 US 441 ALACHUA FL 32615 <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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					