

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90051 037 \*\*\*150.00

**DOCUMENT # P03000143175**

1. Entity Name  
**CHAMBERLAIN MAINT. & REPAIR, INC.**



Principal Place of Business

**145 ELLISON AVENUE  
NEW SMYRNA BEACH, FL 32168**

Mailing Address

**145 ELLISON AVENUE  
NEW SMYRNA BEACH, FL 32168**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number

**51-0490807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, CHARLES A  
145 ELLISON AVENUE  
NEW SMYRNA BEACH, FL 32168**

**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  
After May 1, 2005 Fee will be \$300.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
CHAMBERLAIN, CHARLES A  
145 ELLISON AVE  
NEW SMYRNA BEACH, FL 32168**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles A. Chamberlain**

**3/29/05**

Date

**386-547-5561**

Daytime Phone #