2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007591

FILED Apr 14, 2005 Secretary of State

Entity Name: CHIPPERS OF BRANDON, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1419 NEW BRITAIN DR BRANDON, FL 33511	17849 MISSION OAK DR LITHIA, FL 33547
Current Mailing Address:	New Mailing Address:
P O BOX 756 BRANDON, FL 33511	P O BOX 62 LITHIA, FL 33547
FEI Number: 20-1785252 FEI Number Applied For () FEI Num	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
1419 NEW BRITAIN DR	CLEWORTH, ROGER 17849 MISSION OAK DR LITHIA, FL 33547 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	04/14/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Address: 1419 NEW BRITAIN DR	Title: D (X) Change () Addition Name: CLEWORTH, ROGER Address: 17849 MISSION OAK DR City-St-Zip: LITHIA, FL 33547
Title: () Delete Name: Address: City-St-Zip:	Title: O () Change (X) Addition Name: CLEWORTH, FELICIA M Address: 17849 MISSION OAK DR City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA CLEWORTH O 04/14/2005