


**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90028 011 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|   |                                    |   |   |  |  |
|---|------------------------------------|---|---|--|--|
| <b>DOCUMENT # P04000018260</b><br>1. Entity Name:<br><b>MARK A. CHIDLEY, INC.</b>   |                                    |   |   |         |  |
| Principal Place of Business<br><b>2466 FIRST STREET<br/>         FORT MYERS, FL 33901 US</b>  |                                    | Mailing Address<br><b>229 SW 35TH STREET<br/>         CAPE CORAL, FL 33914 US</b> |   |  |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                                    | City & State  |   | 4. FEI Number<br><b>20-0644835</b>   |  |
| Zip   |                                    | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                                    |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>CHIDLEY, MARK A.<br/>         2466 FIRST STREET<br/>         FORT MYERS, FL 33901</b>  |                                    |   |   | Name   |  |
|   |                                    |   |   | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|   |                                    |   |   | City   |  |
|   |                                    |   |   | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                    |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE   | P <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | CHIDLEY, MARK A                    | NAME  |   |  |  |
| STREET ADDRESS  | 229 SW 35TH STREET                 | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | CAPE CORAL, FL 33914               | CITY-ST-ZIP   |   |  |  |
| TITLE   | VP <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | CHIDLEY, JANE H                    | NAME  |   |  |  |
| STREET ADDRESS  | 229 SW 35TH STREET                 | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | CAPE CORAL, FL 33914               | CITY-ST-ZIP   |   |  |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  |                                    | NAME  |   |  |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |  |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  |                                    | NAME  |   |  |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |  |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 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)(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 and empowered. |                                    |   |   |  |  |
| SIGNATURE: <i>Mark A. Chidley</i>   |                                    | Date: <i>1/14/05</i> Daytime Phone #: <i>239-334-4008</i>                         |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                    |   |   |  |  |

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