


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90071 050 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P04000033567</b><br>1. Entity Name<br><b>C &amp; H MANAGEMENT, INC.</b>   |   |   |   |                    |  |
| Principal Place of Business<br><b>478 E ALTAMONTE DR<br/>STE 102<br/>ALTAMONTE SPRING, FL 32701 US</b>  |   |   | Mailing Address<br><b>539 N MILLS AVE<br/>ORLANDO, FL 32803 US</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><div style="text-align: center; font-size: 1.2em;">20-0751568</div>                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHANG, GUEY JANE<br/>478 E ALTAMONTE DR.<br/>STE 102<br/>ALTAMONTE SPRING, FL 32701</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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: <i>Guey Jane Chang</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |   | DATE: <b>4/13/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>CHANG, GUEY JANE</b><br><b>478 E ALTAMONTE DR. STE 102</b><br><b>ALTAMONTE SPRING, FL 32701</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>CHANG, ADAM</b><br><b>7919 ST. GILES PLACE</b><br><b>ORLANDO, FL 32835</b> <input type="checkbox"/> Delete                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br><b>CHANG, HAW MING</b><br><b>7919 ST. GILES PLACE</b><br><b>ORLANDO, FL 32835</b> <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| 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: <i>Guey Jane Chang</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | DATE: <b>4/13/05</b> (407) 339-8877<br><small>Daytime Phone #</small>   |   |  |