2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400073606 1. Entity Name BLUE OVAL CHIPS, INC.



FILED Aug 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1665 SANDY HOLLOW LOOP MIDDLEBURG, FL 32068 Mailing Address

1665 SANDY HOLLOW LOOP MIDDLEBURG, FL 32068



DO NOT WRITE IN THIS SPACE

08262007	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
55-0867	020		Not Applicable		
5. Certificate of	ficate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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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, typod or profed raine of registered agent and bits if applicable (NOTE: Registered Agent aignature required when reinstating). DATE							
 	Signature, typed or printed name of registered agent and bi	te if applicable (NOTE, Registered Ap	gent signatum	required when reinstating)	DATE		
	LE NOW!!! FEE 18 \$550.00 ue by September 14, 2007	Election Campaign Financir Trust Fund Contribution.	'g 🗆	\$5.00 May Be Added to Fees	U00000772996		
10.	OFFICERS AND DIR	ECTORS			08/29/07 00003 010 550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOLL, LONNIE W 1665 SANDY HOLLOW LOOP MIDDLEBURG, FL 32068						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exemp	otions co	ntained in Chapter 119	9. Florida Statutes. I further certify that the information		

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 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 ompowered 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.

- a dell

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