


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90288 009 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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| DOCUMENT # P04000098548 | |  | |
| 1. Entity Name CHABOT SERVICES, INC. | | | |
| Principal Place of Business 24195 U.S. 19 N. #426 CLEARWATER, FL 33763 | | Mailing Address 24195 U.S. 19 N. #426 CLEARWATER, FL 33763 | |
| 2. Principal Place of Business 2550 SR 580 | | 3. Mailing Address 2550 SR 580 | |
| Suite, Apt. #, etc. 178 | | Suite, Apt. #, etc. LOT 178 | |
| City & State CLEARWATER, FL | | City & State CLEARWATER, FL | |
| Zip 33761 | Country PINELLAS | Zip 33761 | Country PINELLAS |
| 4. FEI Number 83-0400618 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS-CHABOT, MARY K 24195 U.S. 19 N. #426 CLEARWATER, FL 33763 | | 7. Name and Address of New Registered Agent Name DAVIS-CHABOT, MARY K. Street Address (P.O. Box Number is Not Acceptable) 2550 SR 580, LOT 178 City CLEARWATER FL Zip Code 33761 | |
| 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 <u><i>Mary K. Davis-Chabot</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS-CHABOT, MARY K 24195 U.S. 19 N. #426 CLEARWATER, FL 33763 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT DAVIS-CHABOT, MARY K. 2550 SR 580, LOT 178 CLEARWATER, FL 33761 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>Mary K. Davis-Chabot</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____ | | | |