

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90063 038 \*\*\*150.00

<b>DOCUMENT # P04000165404</b> 1. Entity Name <b>CHURCHILL ENTERPRISES I INC.</b>					
Principal Place of Business <b>3591 WATERCHASE WAY EAST JACKSONVILLE, FL 32224</b>			Mailing Address <b>3591 WATERCHASE WAY EAST JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>27-0111325</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HRAWG CORP. 1801 N MILITARY TRIAL STE 200 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Treasurer <b>John K. Runnette</b> <b>3591 Waterchase Way E.</b> <b>Jacksonville, FL 32224</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary <b>M. Parker Blatchford</b> <b>176 Beaumont Rd.</b> <b>Devon PA 19333</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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: <b>M P Blatchford v.p</b> <span style="float: right;">5/10/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**M.P. BLATCHFORD**

**610-688-9430**

**Joseph M. Cahill, Ltd.**

CERTIFIED PUBLIC ACCOUNTANT

**ATTACHMENT**

#P04000163404

66015920

**FILING INSTRUCTIONS**

**NAME:** Churchill Enterprises I, Inc.  
3591 Waterchase Way East  
Jacksonville, FL 32224

**DATE:** March 15, 2005

**FORM ENCLOSED:** Florida Profit Corporation Annual Report

**YEAR ENDED:** 2005

Please comply carefully with the following instructions:

**SIGNATURE:**      ☐ Taxpayer                      ☒ Officer  
                         ☐ Taxpayer & Spouse      ☐ A Partner  
                         ☐ Affix Corporate Seal   ☐ Notarization Needed

**CHECK PAYABLE TO:** Florida Department of State

**TAX DUE:**

\$150.00

*for CGA*

**MAIL FORMS TO:** Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

---

**DUE DATE:** May 1, 2005

**DUPLICATE COPY:** Retain for your files after indicating thereon  
date signed, by whom signed, date mailed.

Please review the enclosed return carefully before signing. If  
there are any questions, please contact this office.