


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90416 044 \*\*\*150.00

<b>DOCUMENT # P04000171016</b> 1. Entity Name <b>CHR DEVELOPMENT-A, INC.</b>					
Principal Place of Business <b>1840 PHILLIPPI SHORES DR SARASOTA, FL 34231</b>			Mailing Address <b>P O BOX 20708 SARASOTA, FL 34276</b>		
2. Principal Place of Business - No P.O. Box # <b>1921 Monte Carlo Drive</b>		3. Mailing Address Suite, Apt. #, etc. <b>Unit 703</b>			
Suite, Apt. #, etc. <b>Unit 703</b>		City & State <b>Sarasota, Florida</b>			
City & State <b>Sarasota, Florida</b>		City & State <b>Sarasota, Florida</b>			
Zip <b>34231</b>		Country <b>USA</b>		Zip <b>34231</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>20-2209126</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TURNER, JAMES L 200 S ORANGE AVE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent  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 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, JAIME S 3665 BEE RIDGE RD - STE 310 SARASOTA, FL 34231 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, ROBERT A 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, ROBERT A JR 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FLORIDA 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, DORA MARIA C. 3665 BEE RIDGE ROAD SARASOTA, FL 34233 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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 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: 			ROBERT A. MORRIS, JR, PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04/27/07</b> Daytime Phone # <b>941-923-6353</b>		