


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90176 030 \*\*\*150.00

<b>DOCUMENT # P04000171643</b> 1. Entity Name <b>CHAD &amp; CHUCK LANDSCAPING, INC.</b>					
Principal Place of Business <b>1449 KINGSTON WAY</b> <b>KISSIMMEE, FL 34744 US</b>			Mailing Address <b>1449 KINGSTON WAY</b> <b>KISSIMMEE, FL 34744 US</b>		
2. Principal Place of Business <b>1449 Kingston Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>1449 Kingston Way</b> Suite, Apt. #, etc.			
City & State <b>Kissimmee FL</b> Zip <b>34744</b>		City & State <b>Kissimmee FL</b> Zip <b>34744</b>		4. FEI Number <b>20-2600140</b>	
Country <b>Oceola</b>		Country <b>Oceola</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EDWARDS, PHYLLIS C</b> <b>1503 JENNI LEE COURT</b> <b>KISSIMMEE, FL 34744</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <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 <u>Phyllis C. Edwards Registered Agent</u> DATE <u>4-25-2005</u> <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</b> <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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>EDWARDS, CHAD E</b> <b>1449 KINGSTON WAY</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>PITMAN, CHARLES E JR.</b> <b>2715 BARNSELY LANE</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC.</b> <b>PITMAN, CHARLES E JR.</b> <b>2715 BARNSELY LANE</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA</b> <b>EDWARDS, CHAD E</b> <b>1449 KINGSTON WAY</b> <b>KISSIMMEE, FL 34744</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			
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>Chad E Edwards</u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					