


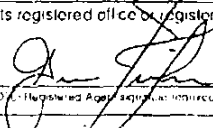
**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90102 010 \*\*\*150.00

**66021485**

1st MOORE CR2E034 (10/06)

DOCUMENT # P06000131421					
1. Entity Name CHIKORIA INDUSTRIES INC					
Principal Place of Business 526 N OAK AVE FT. MEADE FL 33841 US		Mailing Address PO BOX 863 FT. MEADE FL 33841			
2. Principal Place of Business - No P.O. Box # 418 N Palmetto Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 863 Suite, Apt. #, etc.			
City & State Ft. Meade FL		City & State Ft Meade FL		4. FEI Number 20-5720322	
Zip 33841		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, HERMAN A 526 N OAK AVE. FT. MEADE FL 33841				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 <i>Herman Fisher</i>		 <small>Signature, typed or printed name of registered agent and state if applicable (FOI - Registered Agent address not required when in state)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			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-STATE-ZIP	TITLE	NAME
P	WILLIAMS, JAMES L	5435 MISTY LAKE DRIVE	MULBERRY FL 33860		
VP	FISHER, HERMAN A	526 N OAK AVE.	FT. MEADE FL 33841		
S	FISHER, LOUISE B.	526 N. OAK AVE.	FT. MEADE, FL 33841		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 when all other like empowered					
SIGNATURE: <i>Herman Fisher</i>		Herman Fisher		1-30-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>813-927-7116</small>	

*Made 2nd time 8-13*