

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082536

Entity Name: CAROLYN CHESSER, PA

FILED  
Apr 01, 2011  
Secretary of State

**Current Principal Place of Business:**

1449 SE 19TH LANE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1449 SE 19TH LANE  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 27-2348191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWAN, LAWRENCE  
709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHESSER, CAROLYN  
Address: 1449 SE 19TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

Title: VPST  
Name: CHESSER, CAROLYN  
Address: 1449 SE 19TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: CHESSER, CAROLYN  
Address: 1449 SE 19TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN CHESSER

PA

04/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date